



Clinical Case Registries
Immunology Case Registry
User Manual



Patch ROR*1*5

February 2004

Department of Veterans Affairs

VistA Health Systems Design and Development

Revision History

Date	Description	Author
03/18/03	Develop First Draft of ICR User Manual	Alisa Peterson
3/19/03	Provided instructions for HepC info to be used in ICR User Manual	Brent Hicks
4/7/03	Received the ICR executable weekly and began capturing screen prints for User Manual.	Alisa Peterson
5/23/03	Sent to ICR Technical Team for review; Waiting for Registry Menu to be coded before documentation can be completed.	Alisa Peterson
6-7/15/03	Continue making weekly revisions, adding new screen captures, text, and instructions	Alisa Peterson
7/15/03	Reviewed onsite with Jolie Renee, Sergey Gavrillov and Andrey Andriyevskiy	Alisa Peterson
7/31/03	Local Registry Updates reviewed/edited	Brent Hicks
8/4/03	Report descriptions being reviewed	Brent Hicks; Jolie Renee
1/12/04	Revised document based on input from SME.	Lisa Backus, Loren Behuniak
1/27/04	Revised document based on input from SME.	James Halloran, Loren Behuniak
2/4/04	Revised document based on SME and EVS input.	Lisa Backus, Larry Mole, Michael Belschwinder, Loren Behuniak
2/9/04	Revised document based on SME input.	Sergey Gavrillov, Jolie Renee, Brent Hicks, Loren Behuniak
2/10/04	Revised document based on SME input.	Lisa Backus, Loren Behuniak

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Preface

The Immunology Case Registry (ICR) Module, a disease-specific use of the Clinical Case Registries (CCR) software, supports the maintenance of local and national registries for clinical and resource tracking of care for patients with Human Immunodeficiency Virus (HIV) infection. The module provides many capabilities to VA facilities that provide care and treatment to patients with HIV infection, including clinical categorization of patients, generation of the Center for Disease Control (CDC) case report form, and automatic transmission of data to the VA's national Immunology Case Registry. It also provides several clinical and administrative reports for medical center use.

The ICR module accesses several other **Veterans Health Information Systems and Technology Architecture (VistA)** files that contain information regarding other diagnoses, prescriptions, surgical procedures, laboratory tests, radiology exams, patient demographics, hospital admissions, and clinical visits. This access allows identified clinical staff to take advantage of the wealth of data supported through VistA.

The *VistA Clinical Case Registries Immunology Case Registry (ICR) User Manual* provides detailed instructions for using the new CCR: ICR software. Although integrated with the CCR, the ICR module provides a separate desktop/graphical user interface (GUI).

Throughout this document CCR is always referred to in the context of the Immunology Case Registry software that is the subject matter of this document.

Recommended Users

The CCR: ICR software is designed for use by designated ICR Coordinators, Managers, and Clinicians who are responsible for and provide care to VA patients with HIV infection.

Related Manuals

Clinical Case Registries: Immunology Case Registry Installation Guide

Clinical Case Registries: Immunology Case Registry Technical Manual

Clinical Case Registries Reference Guide

Section 508 Compliance

The Veterans Health Administration (VHA) fully supports Section 508 of The Rehabilitation Act and is committed to equal access for all users. Every effort has been made to ensure Section 508 compliance. If you have questions, comments, or would like to see a copy of the Compliance Action Plan for future releases, please contact:

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Introduction

Immunology Case Registry Overview

The Immunology Case Registry (ICR) database collects data on the population of veterans with HIV infection. Augmented by the capabilities of the Clinical Case Registries (CCR) software, this latest version of the ICR has been enhanced by automation of the data collection system and transformed from an administrative database into a clinically relevant tool for patient management. This latest version is referred to as CCR: ICR.

Data from the CCR: ICR is used to monitor system-wide expenditures on HIV care and to monitor national trends in adverse events, patient safety, quality of care, and disease evolution across a large population of HIV patients.

The CCR: ICR software provides the following key features:

- Automates the development of a local list of patients with HIV infection.
- Automatically transmits data about the patients on the local ICR lists to a national database
- Provides robust reporting capability

The CCR: ICR software includes enhancements that enable you to perform the following functions:

- Facilitate the tracking of patient outcomes relating to antiretroviral drug treatment.
- Identify and track important trends in treatment response, adverse events, and time on therapy.
- Match resources to clinical needs and utilization at local, VISN and national levels.
- Monitor quality of care using both process and patient outcome measures.
- Verify workload for VERA reimbursement.

Local ICR Impacts

Identification of HIV Infected Patients

The enhanced CCR: ICR will identify patients with HIV-related ICD-9 codes or positive HIV antibody test results. The selection process is based on a set of rules that look for positive HIV antibody test results and specified HIV-related ICD-9 codes in the inpatient files, outpatient files, and the problem list. The software recognizes the earliest instance of data that indicates HIV infection and adds the patient to a list of Pending patients. These patients must be reviewed and validated locally and when confirmed as having HIV infection added to the local ICR list of patients with HIV.

If review of a patient added to the Pending list indicates that the patient is not truly HIV infected – e.g., the coding was done in error - the patient can be deleted from the Pending list (not added to the registry).

After this action is taken for a patient, the software will not again select the same patient based on the same data.

Local facilities should take appropriate action to correct any miscoding identified in the record. However, even before this correction is made the system will not again select the patient based on that particular instance of data. If there are multiple instances of erroneous coding for the same patient, the system will recognize the subsequent instance of such coding and again add the patient to the Pending list.

In the event that a patient is added to the registry list and later information reveals that the patient is not truly HIV infected, that patient can be inactivated from the ICR.

Data Transmission

The CCR: ICR will continue to contain basic details about all patients at local sites who have documented HIV infection. ICR data extraction and transmission will continue to be run automatically at night.

Treatment Recommendations for Patients with HIV Infection

VA recommends clinicians consult the Kaiser Family Foundation-Department of Human Health Services treatment guidelines for HIV care. These guidelines can be viewed at the following World Wide Web (WWW) address: <http://www.aidsinfo.nih.gov/guidelines/> and at the following intranet website: <http://vhacoweb1.cio.med.va.gov/phshcg/aidsinfo/guidelines/TOC.htm>. The CCR: ICR software is meant to supplement data gathering that can be used by local clinicians in their patient care management model.

Data Overview

The CCR: ICR contains important demographic and clinical data on VHA patients identified with HIV infection. The registry extracts data from VistA admissions, allergy, laboratory, outpatient, pathology, pharmacy, and radiology databases. This is done to provide the key clinical information needed to track disease stage, disease progression, response to treatment, and support administrative reporting.

Data from the CCR: ICR is used on the national, regional, and local level to track and optimize clinical care of HIV-infected veterans served by VHA. National summary information (without personal identifiers) will be available to VA Central Office for overall program management as well as to inform Veterans Service Organizations, Congress, and other federal public health and health care agencies.

Obtaining Software and Documentation

The CCR: ICR software (ROR 1*5) and documentation files are available for downloading from the following Office of Information Field Offices' (OIFOs') ANONYMOUS SOFTWARE directories.

OIFO	FTP Address	Directory
Albany	ftp.fo-albany.med.va.gov	ANONYMOUS.SOFTWARE
Hines	ftp.fo-hines.med.va.gov	ANONYMOUS.SOFTWARE
Salt Lake City	ftp.fo-slc.med.va.gov	ANONYMOUS.SOFTWARE

The Immunology Case Registry software and accompanying guides and manuals are distributed as the following set of files:

File Name	Contents	Retrieval Format	File Size
ROR1_05.KID	KIDS build	ASCII	2,621 KB
ROR1_05GUI.ZIP	Zipped GUI distributive	BINARY	4,347 KB
ROR1_0P5DOC.ZIP	Zipped DOC distributive Includes both PDF and DOC formats: <ul style="list-style-type: none">▶ Release Notes (ROR1_0P5RN)▶ Installation Guide (ROR1_0P5IG)▶ Technical Manual (ROR1_0P5TM)▶ User Manual (ROR1_0P5UM)	BINARY	9956 KB

VistA Intranet Documentation

Online Documentation for this product and all of the other clinical software manuals is available in the VistA Document Library (VDL). Use the following intranet address to access the VistA Document Library: <http://www.va.gov/vdl/>, then click the **Clinical Case Registries** link to access the ICR documentation.

For additional information about the ICR, access the ICR Home page at the following address:

<http://vista.med.va.gov/ClinicalSpecialties/ICR/>.

Major Changes from ICR Version 2.1 to CCR: ICR

Continuation of 2.1

Please note that ICR version 2.1 will be maintained until we are completely confident with the workings of the CCR: ICR, which will likely be through the end of fiscal year 2004. Therefore, any patients who are identified and verified as HIV positive in the automatic case finding of the CCR: ICR should also be entered in version 2.1 using standard manual entry procedures.

Category Consolidation

The 4 categories in version 2.1 have been consolidated to 2 categories in CCR: ICR. In CCR: ICR the category HIV+ (no AIDS OI) corresponds to the ICR v2.1 categories 1 through 3, and the CCR: ICR category Clinical AIDS (AIDS-OI) corresponds to the ICR v2.1 category 4. Previously categories 1, 2 and 3 had been based on CD4 count. With the advent of highly active antiretroviral treatment (HAART), patient's CD4 counts no longer proceed in an inexorable downward course so that categorization based solely on lowest CD4 count is less meaningful. Assignment of a patient to the category of Clinical AIDS (AIDS-OI) is still based on the occurrence of an AIDS-defining OI (opportunistic infection) according to the 1993 CDC AIDS surveillance case definition (available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm>). Designation of Category 4 status continues to be a manual process in CCR: ICR. If a patient has been diagnosed with an AIDS-OI, you should go to the Current Status tab under the Patient Data Editor and check that the patient has Clinical AIDS and enter the earliest date of the AIDS OI diagnosis.

No Input of Outside Data

In version 2.1, you could enter laboratory data, specifically CD4 counts and HIV viral loads from outside sources. This feature is not present in CCR: ICR. Because such outside data is not part of the laboratory package, the data could not be maintained in the new version. Local clinicians are encouraged to collaborate with their local laboratory service to capture this information, such as lab test results from a clinical trial, into VistA.

Automatic Pending Case Identification

Patients with positive HIV antibody tests or HIV related ICD-9 codes will be identified by the system and their records will be placed in a Pending Patient file. The ICR coordinator or designee will need to review the patients with a "Pending" status and add to the registry list any patients confirmed to have HIV disease.

The option still exists for manual entry of patients who are known to be HIV positive but whose medical records do not contain data that meets the selection criteria. In such cases, however, we **strongly** recommend that the ICR coordinator update the patient's problem list to include an HIV related ICD-9 code (e.g. 042), wait for the next nightly registry update to place the patient in the registry in a "Pending" status, and then activate the patient.

Active and Inactive Status

In version 2.1, there was functionally only one patient status which was on the registry. In the CCR: ICR, there are three status options. Patients will be assigned a status of Active if they are on the registry and alive. Patients who die will remain in an active state for 31 days after their date of death to allow for the collection of data entered after the date of their death. Patients who were added to the registry and then removed from the registry because they have been found to not have HIV are also made Inactive because of entry error.

NOTE: HIV+ patients should NOT be inactivated solely because they no longer receive care at the facility.

Required Entry of Risk Behavior Information

When entering patients in version 2.1, you did not have to provide information about risk behavior. In order to activate patients with a status of “Pending” in the CCR: ICR, you must complete the Patient History tab questions in the Patient Data Editor. If you do not know a patient’s HIV risk behaviors, you can answer “unknown” and update the answers once you obtain more information.

Information About Using CCR: ICR

ICR GUI Conventions

The CCR: ICR uses a graphical user interface (GUI) similar to those used on Microsoft Windows® or Apple Macintosh® platforms. If you have already used programs with these screens, the ICR GUI will seem familiar to you. The ICR GUI is only implemented on the Microsoft Windows platform at this time.

If you have little or no familiarity with the Microsoft Windows GUI environment, information can be found by accessing the Microsoft Windows Help file. Additionally, brief descriptions of the GUI features used in the ICR application are provided in the following sections.

Windows

An “application window” is the area on your computer screen used by a program. If you have more than one program running at the same time, you can go from one program to another by clicking in each application window. You can also move, close, or minimize the application window to make room for another window. (See Help in Windows for further instructions on these functions.)

The CCR uses Multiple Document Interface (MDI). Several child windows can be open inside the main application window at the same time. A child window either provides access to a registry (e.g. ICR) or contains a document (e.g. report). You can switch between these windows using the Windows menu or keyboard shortcuts.

Pop-up Windows

These are “mini” windows that pop up within a window to provide or request information. Usually they require some action before they will disappear. Clicking on buttons with the words <OK>, <Cancel>, <Exit>, or something similar closes these windows.

Windows GUI Elements

The following sections describe typical Windows GUI elements.

Check Box

A Check Box toggles between a YES/NO, ON/OFF setting. It is usually a square box containing a check mark or *x*. Clicking the box or pressing the spacebar toggles the check box setting.

Command Button

The Command button initiates an action. It is a rectangular box with a label that specifies what action will be performed when the button is clicked. Command buttons that end with three dots indicate that selecting the command may evoke a subsidiary window.

Date Field

The date field is identified by “__/__/__” or a date “mm/dd/yyyy” and will usually have an associated popup calendar. The month and day components of the date must consist of two digits and the year must consist of four digits (i.e., 02/02/1996). The selected entry will not be effective until you tab off or exit from the date field.

Drop Down List

A drop-down list is displayed as a box with an arrow button on the right side. Such boxes usually display one entry at a time. Choose from a vertical list of choices that display when you click the downward arrow. Select the entry you want by clicking the list entry.

If <None> is the last entry, selecting it will clear the list entry. If <More> is the last entry, selecting it will display additional options. The selected entry will not be effective until you tab off or exit from the drop down list.

Faded Background

Fields that appear with a faded background (“grayed out”) are currently disabled, meaning they cannot be selected.

Keyboard Commands

Keyboard commands can be used throughout the ICR application by pressing and holding the Alt key and then pressing the appropriate key to perform the command. The key to press in order to perform the command is identified by an underlined character on the screen. For example, the **Task Manager** tab can be displayed by pressing and holding the Alt key and then pressing the T key.

List Box

The list box shows a list of items. If more items exist than can be seen in the box, a scroll bar appears on the side of the box. Click the desired entry to select it from the list.

Non-White Background

Items in fields that appear with a non-white background can be selected but cannot be modified directly in that field.

Radio Button

Radio buttons, also known as Option buttons, appear in sets. Each button represents a single choice and normally only one button may be selected at any one time. For example, MALE or FEMALE may be offered as choices through two radio buttons. Click in the button to select it.

Tab Key

Use only the **TAB** key or the mouse to move between fields. Do not use the **ENTER/RETURN** key. The **ENTER/RETURN** key is usually reserved for the default command button or action.

Text Box

Type the desired characters into the edit box. The selected entry will not be effective until you tab off or exit from the text box.

Changing (Resizing) a Window

Most windows and columns displayed in the ICR application can be resized. To change the size of a window, position the mouse pointer over the right edge of the column or the outside edge of the window, click and while holding the mouse button down, move the mouse and “drag” to change the size of the window or column. Position the mouse pointer over one corner and drag diagonally to increase the size of the entire window.

Please note that in CCR: ICR, changes to the window and column sizes are maintained in subsequent sessions.

Cancel

When used in a prompt, it allows you to cancel the action about to be taken. For example, when closing an application, you might be prompted to validate the action to close. If you click the Cancel button, the application will not close and you will resume from the point at which the close action was initiated.

Close

This command closes the window. The CCR: ICR uses a window-within-a-window display. The main application window is the Clinical Case Registries (CCR) window, and the ICR window is displayed in the child window.

Close the active child window by selecting the Close menu option from the File menu, by pressing and holding the Ctrl key and then pressing the F4 key, or by clicking on the “X” in upper right corner of the child window.

Close and exit the CCR application by selecting the Exit menu option from the File menu, by pressing and holding the Alt key and then pressing the F4 key, or by clicking on the “X” in the upper right corner of the main application window.

Edit

This command is used to edit information.

Find

This command is used to find an entry. Enter the search string and click the **OK** button

Help

Provides help for the area in which you are currently working.

OK

Confirms the input and initiates the action defined by the dialog.

Save

Saves all changes made since the last save action. If you attempt to save and all required fields have not yet been completed, you will receive notification that the required fields must be completed before saving.

Save As

This command is used to export to a file a report produced in CCR: ICR. With the report open, clicking on the Save As... menu option will produce a window labeled “Save the report as” in which you will indicate the file location where you wish to store the report. You will need to name the file and choose the format in which it will be saved.

Search

After at least three characters are typed in a lookup dialog box, clicking the **Search** button will bring up matching entries.

Selecting Multiple Items from a List

A variety of lists are displayed throughout the CCR: ICR application from which you can select one or more items.

To select all items in a range between two separate entries, hold the **Shift** key and click on the first item in the range, then click the last item in the range. All of the items between the first and last will be highlighted.

To select multiple separate entries from a list, hold the **Ctrl** key and click each of the items you want to select.

Undo

Undoes all changes made since the last save action and redisplay the original data.

Right Click Menu

Most Windows-based applications provide some sort of menu when you click the right mouse button over a GUI element. Depending upon which ICR window is open, the ICR application will provide the following right click menu options:

Window	Right-Click Menu Options
Task Manager tab	New Report
	View report
	Delete
	Refresh
Registry tab	Reactivate...
	Inactivate...
	CDC...
	Add/Edit Patient...
	Delete
Reports window	Back
	Forward
	Cancel
	Copy
	Select All
	Text Size
	Find...

Pop-up Calendars

Pop-up calendars are used throughout the ICR application. The default date display is usually the current date. The default date is highlighted with a red circle at the bottom of the calendar. You can select or change the date displayed on the calendar using the methods described in the following table:

Change the...	Description
Day	Click the actual day of the week in the calendar.
Month	Click on the month at the top of the calendar to display a list of all months and select one. You can decrease or increase one month at a time by clicking the left and right arrow buttons.
Year	Click on the year and an up and down arrow button displays for you to increase or decrease the year.

System Time Out

After you connect to the database, the application extracts the timeout value assigned to you and applies it as the application timeout value. If there is no value assigned, the default value of 20 minutes will be used.

If there is no keyboard or mouse activity during the timeout period, the Last Chance message dialog displays for 15 seconds. If there is still no activity within 15 seconds, the application will automatically close.

Security Keys

To access the ICR, you must be allocated at least one of the following security keys:

- ROR VA ICR USER
- ROR VA ICR ADMIN
- ROR VA IRM

Users with the ROR VA ICR USER key will be displayed on the **Show Registry Users** window as "User." Users with this security key will be able to run reports.

Users with the ROR VA ICR ADMIN key will be displayed on the **Show Registry Users** window as “Administrator.” Users with this security key will have full GUI access that will enable them to run reports and enter, edit, and delete patient records.

Users with the ROR VA IRM key will be displayed on the **Show Registry Users** window as “IRM.” Users with this security key will have access to all CCR files in VistA but no access to the GUI. This key should be assigned to the IRM personnel authorized to maintain and troubleshoot the CCR package.

Users can be assigned more than one of these security keys.

If any unauthorized users access this system, a VA alert will be sent to all ICR Coordinators stating the date and time of the violation and the name of the user who attempted to access the system and a record of the access violation will be written to the Access Violations folder of the Activity Log.

Local ICR Population and Update

Initial Data Load of the CCR: ICR

Initial creation of the CCR: ICR list is based on data in VistA. This step is performed only once. This initial creation of the local registry uses the same routines as the daily update, but pulls data from the pre-defined start date of January 1, 1985.

When a patient is identified, based on the presence of an ICD-9 diagnostic code for HIV infection or a positive result for an HIV antibody test, a check is performed to verify whether or not a record for that patient already exists in ICR version 2.1. If the patient's record exists in ICR version 2.1, the record will be placed directly into the new registry. However, if no record for the patient is found in ICR version 2.1, the patient's current record will be placed into the new CCR: ICR registry in a "Pending" status.

Data about patients with a status of "Pending" is not transmitted to the national registry and their data will not be used in any Clinical Case Registries reports until they have been validated into the registry by an ICR Coordinator.

After the initial registry population tasks have completed, the IRM that initiated the tasks will be issued with a VA Alert informing them that the initial registry population is complete. At this point, IRM should inform the ICR Coordinator. The ICR Coordinator should run the ICR Version Comparison Report. The ICR Version Comparison Report is accessed in DHCP VistA. The report lists ICR patients as follows:

- All patients that were identified in the new version of the registry and not in version 2.1 (i.e. Pending patients).
- All patients that were identified in the new version of the registry and version 2.1 of the ICR. These patients skip the pending process and are automatically added to CCR: ICR.

Population of the Local Registry

The method of populating the local registry will occur during each of the automatic nightly updates. This process uses the same routine as that used for initial registry population. The exception is that it only examines data entered since the last nightly update was performed.

Immunology Case Registry Selection Criteria

Patients are automatically added nightly to the local registry Pending patient file when one or more of the following ICD-9 diagnosis codes are listed on a patient's problem list, inpatient discharge diagnoses, or outpatient encounter diagnoses:

ICD-9 Diagnostic Code	HIV-related Diagnoses
V08.	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS [HIV] INFECTION STATUS
042.x	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
043.x	HIV CAUSING OTHER SPECIFIC DISORDER
044.x	HIV CAUSING OTHER SPECIFIC ACUTE INFECTION
079.53	HUMAN IMMUNODEFICIENCY VIRUS, TYPE 2 (HIV 2)
795.71	NONSPECIFIC SEROLOGIC EVIDENCE OF HIV
795.8	POSITIVE SEROLOGY/VIRAL HIV

The ICD-9 diagnostic codes are maintained as part of the standard software program. Updates will be released in subsequent patches to the software and will be loaded by local IRM staff.

Patients are also automatically added nightly to the local registry pending patient list when a positive test result is reported for an HIV antibody test. HIV antibody tests are identified using the following Logical Observation Identifiers Names Codes (LOINCs):

LOINC	HIV-related Laboratory Tests
14092-1, 16974-8, 16975-5, 21007-0, 22356-0, 29327-4, 5220-9, 5221-7, 7917-8	HIV 1 ANTIBODY TEST
22357-8, 5223-3, 7918-6	HIV 1 AND 2 ANTIBODY TEST
22358-6, 5224-1, 5225-8, 7919-4	HIV 2 ANTIBODY TEST

NOTE: At the time of this writing, the following LOINCs were disabled: **29893-5, 30361-0, 31201-7, 32571-2, 32602-5, and 33866-5.**

Positive results are identified as results that are equal to “P” or that contain “POS” “DETEC” or “REACT” and do not contain “NEG” “NON” or “IND.” Comparisons are not case sensitive.

NOTE: Because this information is a critical factor in the determination of a patient being added to this registry, it is important to validate, with the Laboratory Information Manager, the LOINC Code mapping and how results are entered for the HIV lab tests.

Deceased Check

A check of the Patient file will be performed for each patient in the local registry to validate whether or not the patient is deceased. If the patient is flagged as being deceased in the Patient file, the patient’s Inactivation Date will be set at 31 days after the date set in the Date of Death field in order to allow collection of data that may be entered in a post mortem period of up to 30 days.

If an ICR coordinator becomes aware of the death of a patient that is not reflected in the record, he or she should contact the appropriate MAS or Decedent Affairs staff to have the death recorded in the system.

Accessing the Immunology Case Registry

Access to the ICR is obtained through the Clinical Case Registries package. You must first sign on to the CCR, to open the ICR.

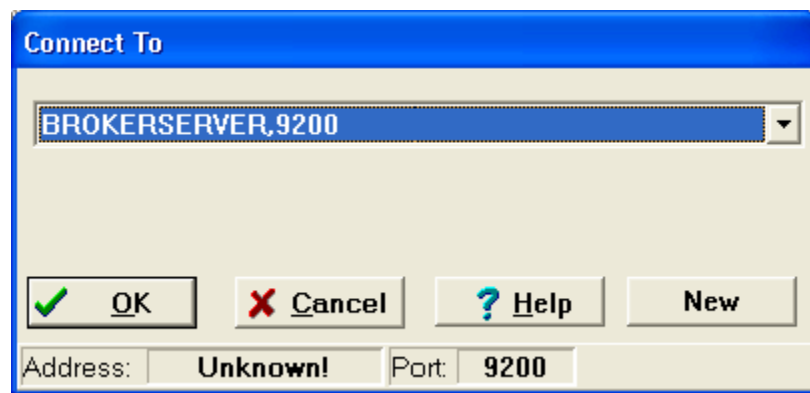
Signing on to the Clinical Case Registries Package

After the ICR has been installed on your workstation, and if you have a VistA access code and a verify code, and have the correct security keys allocated to you by your local Automated Data Processing Application Coordinator (ADPAC) or Information Security Officer (ISO), you can sign onto the ICR software.

To start the ICR application, follow these steps:

1. From your desktop, double-click the **Clinical Case Registries** icon.

The **Connect To** dialog displays.



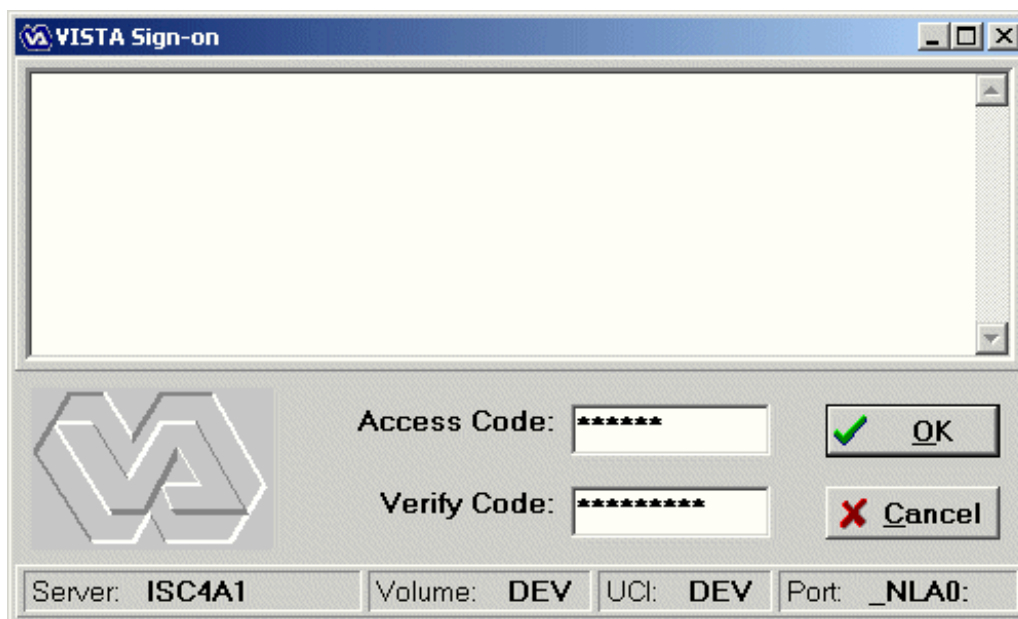
2. Select the account from the drop down list.

NOTE: The first time you sign on you may need to add the account. Check with your IRM support person to obtain the appropriate information to enter.

3. Click **OK**.

NOTE: The **Connect To** dialog appears only if the site has multiple servers; otherwise the VistA **Sign-on** window automatically displays as shown on the following page.

After connecting to the appropriate account, the **VistA Sign-on** window displays.



4. Type your access code into the **Access Code** field and press the **Tab** key.
5. Type your verify code into the **Verify Code** field and press the **Enter** key or click **OK**.

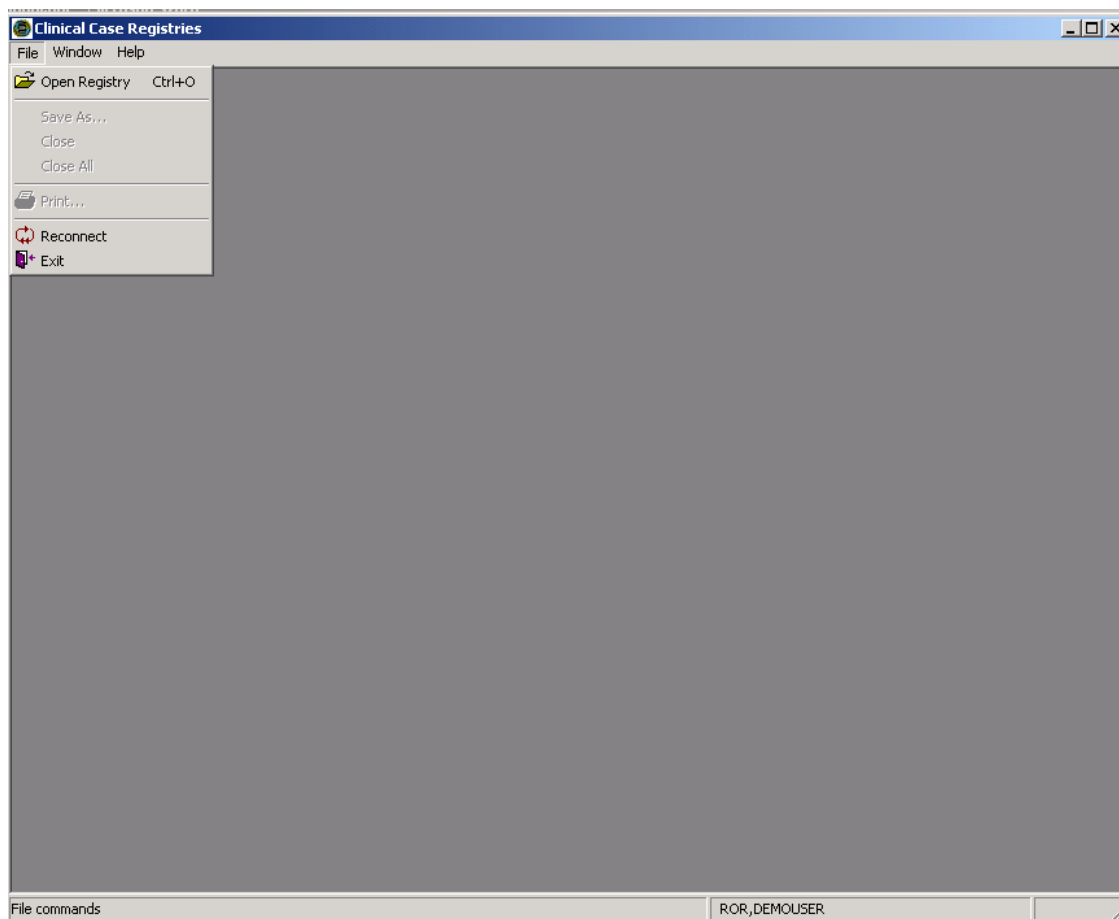
NOTE: You can also type the access code, followed by a semicolon (;), and the verify code in the **Access Code** box. After you have done this, press the **Enter** key or click **OK**.

Opening the Immunology Case Registry

The CCR **File** menu provides access to the **Immunology Case Registry** module.

To open the ICR:

1. Click the **File** Menu.
2. Click the **Open Registry** menu option.



The **Clinical Case Registries – [Immunology Case Registry]** window displays.

Clinical Case Registries - [Immunology Case Registry]

File Registry Reports Window Help

Task Manager Activity Log Registry

Select Edit/... Reactivate... Inactivate... CDC Delete

Patient

Statuses to Select ☐ Pending ☐ New

☐ Select only from patients entered in registry after: 11/10/2003

Name	IEN	Date Of Birth	SSN	Date Of Death	Sex	Entered	Active
------	-----	---------------	-----	---------------	-----	---------	--------

Name SSN DOB DOD

Extracted Acknowledged Inactivated Reactivated

Patients found:

10.3.29.201 @ 9100 ROR_DEMOUSER

NOTE: If the /R="VA ICR" command line switch is used in the GUI shortcut then the steps 1- 4 are not be necessary since the Immunology Case Registry window will be opened automatically.

ICR Menus

The ICR Menus are displayed in the gray bar near the top of the window. The ICR menus are **File**, **Registry**, **Reports**, **Window**, and **Help**. When you click one of these, a list of menu options is displayed.

File Menu

The **File** Menu displays the following menu options:

- **Open Registry**
- **Save As...**
- **Close**
- **Close All**
- **Page Setup**
- **Print Preview...**
- **Print...**
- **Reconnect**
- **Exit**

Open Registry Menu Option

The Open Registry menu option is used to open a CCR: ICR session.

More than one session of the ICR can be opened at the same time. The registry displayed is named in the blue bar located at the top of the window. To view the number and type of all open sessions, or to select another open session to view, go to the Window menu.

Save As Menu Option

The Save As menu option on an active report window opens the dialog used to export reports produced in the ICR. This menu option will appear “grayed out” when the current active window is not a report.

Close and Close All Menu Options

The Close menu option closes only the active window that is displayed. The **Close All** menu option closes all of the child windows listed in the Window menu.

Page Setup, Print Preview, and Print Menu Options

These options are available only when a report is selected as the active window.

The **Page Setup** menu option launches the Page Setup dialog from which you can set margins, paper source, paper size, page orientation, and other layout options.

The **Print Preview** menu option will show how the file will appear when you print it.

The **Print** menu option opens the Print dialog from which you can print the active document and select printing options.

These three menu options are normally used to format and print reports from the registry data. They will appear “grayed out” when the active window is not a report.

Reconnect Menu Option

The **Reconnect** menu option re-establishes a connection to the registry in the event the connection is lost.

Exit Menu Option

The **Exit** menu option is used to close the CCR application and all open sessions. You will be presented a prompt asking to confirm this selection.

Registry Menu

The **Registry** Menu displays the following menu options:

- **Add/Edit Patient...**
- **Inactivate...**
- **Reactivate...**
- **CDC**
- **Show Registry Users...**
- **Edit Site Parameters...**
- **Options...**

Add/Edit Patient Menu Option

Access to the Add/Edit Patient menu option is controlled by assignable permissions. Staff at each facility with permission to access this menu option will be able to manually add new patients to the registry or edit the information pertaining to a patient already listed in the registry.

IMPORTANT NOTE: Using the Add/Edit Patient menu option to add patients to the registry the ICR is STRONGLY discouraged.

If the patient has a date displayed in the “*Entered*” column of the patient list, then the patient has been added to the local registry list (though he or she may be in a Pending status and still require validation and confirmation of HIV status) and the **Edit** button will be enabled and displayed. Clicking this will bring up the Patient Data editor window.

If there is no date in the “*Entered*” column, the patient has not been selected for addition to the local registry and the **Add** button will be enabled instead of the **Edit** button. Clicking the Add button will bring up the patient data editor used to add the patient to the local registry.

Inactivate/Reactivate Menu Options

From these menu options, you can inactivate or reactivate a patient on the ICR.

The **Inactivate** menu option can be selected when the selected patient’s information displays a “Yes” in the “*Active*” column.

The **Reactivate** menu option can be selected when the selected patient’s information displays a date in the “*Entered*” column and “No” in the “*Active*” column.

CDC Menu Option

The **CDC** menu option allows you to access the CDC data entry form window. From this window, you can generate a new CDC form, and view, edit, save, and print an existing CDC form.

If the selected patient already has a CDC form complete or partially complete, the form will be displayed. If no data has been entered for the selected patient, a blank form of the CDC will be displayed.

Show Registry Users Menu Option

The **Show Registry Users** menu option displays the **Users of the Immunology Case Registry** window. From this window, you can view the names of ICR users, their **Internal Entry Number** (IEN), and the type(s) of user access granted to these users.

CCR: ICR users can be granted one or more of the following types of access:

- User
- Administrator
- IRM

The type of access that is granted to a user is controlled by the allocation of Security Keys. For more information, please refer to the [Security Keys](#) section of this manual.

Edit Site Parameters Menu Option

This menu option displays the **Site Parameters** window. From this window, you can add or remove values that define the profile of the ICR system at the local facility.

You will not be able to edit the values that are national ICR values.

The following three tabs control the display of the values that can be selected from the **Site Parameters** window:

- Laboratory Tests
- ARV Drugs
- Coordinators

Laboratory Tests Tab

From this tab, you can indicate which local lab tests (orderable items), from the Lab Test file (60), are used for reporting CD4+ lymphocyte counts, CD4+ lymphocyte percentages, and HIV plasma viral loads. These values are used for reports throughout the CCR: ICR.

If a facility has used numerous local names to refer to these tests over the years, then all of these test names should be selected, including those that have been “z’d out.” **This is especially important at merged facilities.** ICR Coordinators should confer with their clinical staff and Lab ADPAC to assure that all variations of test names are entered.

ARV Drugs Tab

All antiretrovirals (ARVs) approved by the FDA as of 31 January 2004 are already included in the National ARV Drugs Group by generic name. The VA generic name is used because it will pick up all formulations and strengths of the drug. Local names for these ARVs do not appear. The list of drugs included in the National ARV Drugs Group appears in the lower right pane. The National ARV Drugs Group currently includes:

- Abacavir
- Abacavir/Lamivudine/Zidovudine
- Amprenavir
- Atazanavir
- Delavirdine
- Didanosine
- Efavirenz
- Emtricitabine
- Enfuvirtide
- Fosamprenavir
- Indinavir
- Lamivudine
- Lamivudine/Zidovudine
- Lopinivir/Ritonavir
- Nelfinavir
- Nevirapine
- Ritonavir
- Saquinavir
- Stavudine
- Tenofovir
- Zalcitabine
- Zidovudine

As new ARVs receive FDA approval and are placed on the VA formulary, the National ARV Drugs Group, which is maintained in file #798.1, will be updated. From the ARV Drugs tab, you can identify the ARV drugs and dosages used at the facility not already included in the National ARV Drugs Group and add them to the ARV grouping that is used for reports throughout the CCR: ICR.

Coordinators Tab

From this tab, you can add or remove users, including yourself, from the list of users who have been identified as ICR Coordinators.

Users who are identified as ICR Coordinators will receive alerts generated by the ICR system when problems occur.

Options...Menu Option

The **Options** menu option allows you to change or restore default GUI settings including the number of patients to retrieve when performing a search, the [system timeout](#) parameter, and the background color of the ICR display.

Reports Menu

The **Reports** menu displays the list of reports that are available to you. When you select a report from the list, a secondary **ICR Reports** window displays the specific parameters and criteria that you can select to generate the report.

Report List Menu Option

From the **Reports** menu option, you can select the **Report List** option. This option provides you with an alternate method of generating reports.

When you select this option, a secondary **ICR Reports** window displays two panes. The left-side pane, under the heading, **Report List**, displays an alphabetical list of the reports that are available to you. From this **Report List**, you can select the report to generate. The selected report is identified with an arrow. The right-side pane displays the specific parameters and criteria that you can select to generate the report.

Window Menu

Each session of the registry and each report selected for display will appear in its own window within the larger CCR window. You can choose to display these windows in several ways using the **Window** menu to select the following menu options:

- The **Cascade** menu option allows you to cascade the view of all open windows.
- The **Tile** menu options – **Tile Horizontally** and **Tile Vertically** allow you to view the windows in these display modes.
- The **Minimize All** menu option places the open windows in the minimized mode, meaning that the window is not open and cannot be viewed, but the title of the window is displayed in the bottom part of the CCR window.
- The **Arrange All** menu option arranges the icons of minimized child windows in the bottom part of the CCR main window.

In the area below the **Arrange All** menu option, you can view the number of open windows, including registry windows and any reports that are being viewed. The open windows are listed numerically in the order in which they were opened. The current active window is identified with a checkmark. To activate another window, click the desired window on the menu.

Help Menu

The **Help** menu displays the following three menu options:

- **Help Topics**
- **ICR Registry Info**
- **About...**

Help Topics Menu Option

The **ICR Online Help** is launched from the **Help Topics** menu option or by pressing F1 on the keyboard. It includes instructions, procedures, and other information to help you use the CCR: ICR.

Registry Info Menu Option

The **Registry Information** window is launched from the **Registry Info** menu option. It displays basic information about the Immunology Case Registry including the following items:

- Date of the last registry update (the date any changes were made to your local registry list)
- Date of the last data extraction
- Number of total patients and number of active patients in registry during the last update
- Server version, latest patch number, and the patch installation date

Click **OK** to close the window.

About Menu Option

The **About Clinical Case Registries** window is launched from the **About** menu option. It displays basic information about the current file version including the release date, patch number, and where the Clinical Case Registries software was developed.

Click **OK** to close the window.

Setting Up ICR Site Parameters

Adding ICR Coordinators

Users who are identified as ICR Coordinators will receive alerts generated by the ICR system when problems occur.

ICR Coordinators are assigned from the **Coordinators** tab on the **Site Parameters** window. Access the Site Parameters Window/**Coordinators** tab from the **Edit Site Parameters** menu option from the **Registry** menu.

1. From the **Coordinators** tab, type a partial or full surname of the user you want to add in the **Target** field, which is the white space at the top of the left hand pane.
2. Press <Enter> or click the **Select** button

The left-side pane displays a list of users matching the criteria in the **Target** field.

NOTE: Clicking the **Select** button when the **Target** field is empty will invoke a display of all selectable user names in the left-side pane. This is the entire list of all people with VistA access and would likely take several minutes to process, often exceeding the system timeout parameter. There are few if any times when this option would be used.

3. From the left-side pane, select the name of the user(s) to add.
4. Click the **Add** button, the right arrow button, or double-click the name to transfer it to the right-side pane.

NOTE: You can add all users on the left-side pane by clicking the **Add All** button.

5. Click the **Save** button to save any changes.
6. Click the **Close** button.

NOTE: You will be prompted to save or cancel your changes if you attempt to close the window without first clicking the **Save** button.

Removing ICR Coordinators

Users who are removed from the ICR Coordinator list will no longer receive alerts generated by the ICR system when problems occur. However, removing a name from the list of ICR Coordinators does NOT remove that person's access to the registry.

ICR Coordinators are removed from the **Coordinators** tab on the **Site Parameters** window.

1. Access the **Coordinators** tab from the **Edit Site Parameters** menu option from the **Registry** menu.

The right-side pane displays a list of users identified as Coordinators.

2. From the right-side pane, select the name of the user(s) to remove.
3. Click the **Delete** button or the left arrow button to transfer the name of the user to the left-side pane.
4. Click the **Save** button to save any changes.
5. Click the **Close** button.

NOTE: You will be prompted to save or cancel your changes if you attempt to close the window without first clicking the **Save** button.

Adding Laboratory Tests

Indicate which local lab tests (local test names) are used for reporting absolute CD4 counts, CD4 percentages, and HIV viral loads from the **Laboratory Tests** tab on the **Site Parameters** window.

1. From the right pane, click on the tab for CD4 count, CD4% or HIV Viral Load.
2. From the **Laboratory Tests** tab, type a partial or full name of the test you want to add in the **Target** field.
3. Press <**Enter**> or click the **Select** button

The left-side pane displays the test(s) that match the criteria in the **Target** field.

NOTE: Clicking the **Select** button when the **Target** field is empty will display all selectable tests in the left-side pane.

4. Select the test(s) from the left-side pane that you want to add to the tab you have selected in the right-side pane (CD4 Count, CD4% or HIV Viral Load.)
5. Click the **Add** button, the right arrow button, or double-click the name to transfer the selected test(s) to the right-side pane.

NOTE: You can add all tests on the left-side pane by clicking the **Add All** button. If a facility has used numerous local names over the years, then all of the tests should be selected. This is especially important at merged facilities.

6. Click the **Save** button to save any changes.
7. Click the **Close** button.

NOTE: You will be prompted to save or cancel your changes if you attempt to close the window without first clicking the **Save** button.

Removing Laboratory Tests

Remove local lab tests (local test names) used for reporting absolute CD4 counts, CD4 percentage, and HIV viral loads from the **Laboratory Tests** tab on the **Site Parameters** window.

1. Access the **Laboratory Tests** tab from the **Edit Site Parameters** menu option from the **Registry** menu.

The right-side pane displays a list of the laboratory tests that have been added under each of the following reporting criteria: **CD4 Count**, **CD4%**, **HIV Viral Load**. To view the tests added under each type, click the applicable button located at the top of the right-side pane.

2. From the right-side pane, select the test(s) to remove.
3. Click the **Delete** button or the left arrow button to transfer the name of the test(s) to the left-side pane.
4. Click the **Save** button to save any changes.
5. Click the **Close** button.

NOTE: You will be prompted to save or cancel your changes if you attempt to close the window without first clicking the **Save** button.

Adding ARV Drugs

Identify the ARV drugs and dosages used at the facility using the ARV Drugs tab on the **Site Parameters** window. The drugs included in the National ARV Drugs Group are displayed in the lower right pane. Only ARV drugs that are not included in the National ARV Drugs Group will need to be added.

1. From the **ARV Drugs** tab on the left-side pane, type a partial or full name of the drug you want to add in the **Target** field.
2. Press <Enter> or click the **Select** button.

NOTE: The system will search for drugs whose name begins with the letters typed in the target field, not based upon whether the string of characters is contained within a word.

The left-side pane displays the drugs that match the criteria in the Target field.

NOTE: Clicking the **Select** button when the **Target** field is empty will display all selectable drugs in the left-side pane. However, generating the list of all selectable drugs could take several minutes and might exceed the system timeout parameter.

3. Select the drug(s) you want to add from the left-side pane.
4. Click the **Add** button, the right arrow button, or double-click the name to transfer the selected drug(s) to the upper right-side pane.

NOTE: You can add all drugs on the left-side pane by clicking the **Add All** button or the double red arrows.

5. Click the **Save** button to save any changes.
6. Click the **Close** button.

NOTE: You will be prompted to save or cancel your changes if you attempt to close the window without first clicking the **Save** button.

Removing ARV Drugs

Remove local names for ARV drugs from the **ARV Drugs** tab on the **Site Parameters** window.

1. Access the **ARV Drugs** tab from the **Edit Site Parameters** menu option from the **Registry** menu.

The upper right-side pane displays a list of the ARV Drugs identified as being used at the facility in addition to the ARVs listed in the lower right-side pane and included in the National ARV Drugs Group.

2. From the upper right-side pane, select the drug(s) to remove.
3. Click the **Delete** button or the left arrow button to transfer the name of the drug(s) to the left-side pane.
4. Click the **Save** button to save any changes.
5. Click the **Close** button.

NOTE: You will be prompted to save or cancel your changes if you attempt to close the window without first clicking the **Save** button.

Changing ICR System Default Settings

Changing the Maximum Number of Patients to Retrieve

1. Click **Options...** from the **Registry** menu.

The **Options** dialog displays.

2. In the **Registry page** section of the **Options** dialog, type the maximum number of patients to retrieve in the applicable field.

NOTE: The default number of maximum patients to retrieve is 100.

3. Click the **Save** button

The **Options** dialog automatically closes.

Changing the ICR System Timeout Parameter

1. Click **Options...** from the **Registry** menu.

The **Options** dialog displays.

2. In the **Registry page** section of the **Options** dialog, select the number of seconds from the **Broker Timeout (sec)** dropdown list.

NOTE: The default number of seconds before ICR system timeout is 30.

3. Click the **Save** button

The **Options** dialog automatically closes.

Changing the Background Color

1. Click **Options...** from the **Registry** menu.

The **Options** dialog displays.

2. From the **General** section of the **Options** dialog, click the **Select Color** button.

The **Color** dialog displays.

3. Select a color from the **Basic colors** section and click **OK** to apply the color.

The **Color** dialog automatically closes and the selected color is displayed in the **Options** dialog.

4. Click **Save**.

The **Options** dialog automatically closes and the selected color is applied.

Applying Custom Colors

1. From the **Color** dialog, click the **Define Custom Colors** button.

The Windows® interactive color palette displays.

2. Use the Windows® interactive color palette to select a color to apply.
3. Click the **Add to Custom Colors** button.

The selected color is displayed in **Custom Colors** section of the **Color** dialog.

4. Select the custom color and click **OK** to apply the color.

The **Color** dialog automatically closes and the custom color is displayed in the **Options** dialog.

5. Click **Save**.

The **Options** dialog automatically closes and the selected color is applied.

Restoring Default ICR Settings

1. Click **Options...** from the **Registry** menu.

The **Options** dialog displays.

2. Click the **Restore Defaults** button.

The system defaults are displayed in the **Options** dialog.

3. Click **Save**.

The **Options** dialog automatically closes and the system defaults are restored.

ICR Tabs

Task Manager Tab

The **Task Manager** tab displays a list of the reports that have been generated by users at the site. Each report is associated with a task number. Adjacent to the task number is the name of the report, the date and time that the report is scheduled to run, the status of the report, its progress, and the date and time the report was completed.

You can sort the information displayed on the **Task Manager** tab in ascending or descending order, by clicking the column headings.

From the **Task Manager** tab, you can view completed reports, generate new reports, delete generated reports from the list, and check the status of reports that are in progress.

Task Column

The **Task** column displays the unique system generated task number associated with the report. The task number is used for tracking purposes.

Type Column

The **Type** column displays the type of task performed by the user. For this release of the CCR: ICR, “Report” will always be the task type.

Description Column

The **Description** column displays the name of the report generated by the user.

Scheduled Column

The **Scheduled** column displays the date and time at which the report is scheduled to run.

Status Column

The **Status** column displays the status of the report in progress. The following table lists the status values and their meanings.

Status	Description
Active: Pending	The report is scheduled, but not yet running
Active: Running	The scheduled report is running
Active: Suspended	The report is suspended
Inactive: Crashed	The report crashed due to runtime errors or system shutdown
Inactive: Errors	The report was completed with errors (the results can be incomplete)
Inactive: Finished	The scheduled report was completed successfully
Inactive: Interrupted	The report was stopped by the user (using the VistA Menu option)
Stopping	An attempt to delete the report task has been made by the user, but the report has not yet been deleted from the system.

Progress Column

The **Progress** column displays the progress of the report as a percentage of completion.

Completed Column

The **Completed** column displays the date and time the report completed running.

Refresh Button

The **Refresh** Button updates the **Task Manager** tab by displaying any new data on the status of reports that has been added since the window was accessed.

NOTE: Clicking the **Refresh** button does NOT update the data contained in a report that has already completed.

New Report Button

The **New Report** button displays the **ICR Reports** window from which you can select and generate new reports.

View Report Button

The **View Report** button allows you to view a selected report. If no report is selected from the **Task Manager** tab, this button will be deactivated.

Delete Button

The **Delete** button allows you to delete a selected report from the **Task Manager** tab display. You will be prompted to confirm that the selected report should be deleted. If no report is selected, the **Delete** button will be deactivated.

Right-Click Menu Options

The following menu options are available from the **Task Manager** tab display when you click the right-side mouse button:

- **New Report...**
- **View Report**
- **Delete**
- **Refresh**

The **View Report** and **Delete** menu options are only activated and selectable when you click the right-side mouse button on a task.

The following screen capture shows the **Task Manager** tab display:

Task	Type	Description	Scheduled	Status	Progress	Completed
519057	Report	Pharmacy Prescription Utilization		Inactive: Finished		01/26/2004 11:32
519058	Report	Radiology Utilization		Inactive: Finished		01/26/2004 11:33
519429	Report	VERA Reimbursement Report		Inactive: Finished		01/28/2004 13:19
520280	Report	Viral Load and CD4 by Range		Inactive: Finished		02/02/2004 08:40
520701	Report	Lab Utilization		Inactive: Finished		02/04/2004 14:07
520705	Report	VERA Reimbursement Report		Inactive: Finished		02/04/2004 14:33
520706	Report	VERA Reimbursement Report		Inactive: Finished		02/04/2004 14:34
520863	Report	ARV Combination Report		Inactive: Errors		02/05/2004 08:54
520864	Report	Combined RX and Lab Report		Inactive: Finished		02/05/2004 08:59
520865	Report	Diagnosis Code Report		Inactive: Finished		02/05/2004 09:00
521077	Report	Inpatient and Outpatient Utilization		Inactive: Finished		02/06/2004 11:09
521087	Report	ARV Combination Report		Inactive: Finished		02/06/2004 11:58
521089	Report	Clinic Follow Up		Inactive: Finished		02/06/2004 12:00
521098	Report	ARV Combination Report		Inactive: Finished		02/06/2004 12:40
521107	Report	Combined RX and Lab Report		Inactive: Finished		02/06/2004 12:57
521109	Report	ARV Combination Report		Inactive: Finished		02/06/2004 13:10
521110	Report	Combined RX and Lab Report		Inactive: Finished		02/06/2004 13:13
521701	Report	Current Inpatient List		Inactive: Finished		02/09/2004 07:53
521703	Report	General Utilization and Demographics		Inactive: Finished		02/09/2004 07:59
521704	Report	HIV Viral Load and CD4 by Range		Inactive: Finished		02/09/2004 08:06
521705	Report	Inpatient and Outpatient Utilization		Inactive: Finished		02/09/2004 08:14
521706	Report	List of Registry Patients		Inactive: Finished		02/09/2004 08:24
521707	Report	Patient Drug History		Inactive: Finished		02/09/2004 08:27
521712	Report	Pharmacy Prescription Utilization		Inactive: Finished		02/09/2004 08:30
521718	Report	Radiology Utilization		Inactive: Finished		02/09/2004 08:32
521722	Report	Pharmacy Prescription Utilization		Inactive: Finished		02/09/2004 08:40

Managing Reports from Task Manager

Viewing Reports

Use the **View Report** button from the **Task Manager** tab to view a selected report.

1. From the Task Manager tab, select the report you want to view.

NOTE: Ensure the status column indicates that the report has finished running.

2. Click the **View Report** button, or double-click the selected report.

The selected report displays.

NOTE: If the report is large, it may take several minutes for the report to display. The screen will temporarily appear blank and the words “Loading and Transforming the report” will appear in the bottom left hand corner while the report is loading for display. Please be patient.

To open **multiple reports** for viewing, return to the **Task Manager** window by using the **Window** menu, minimizing the Report window, or holding the **Ctrl** key and pressing the **F6** key and repeat steps 1 and 2.

Copying Report Output Text

When viewing a report, you can copy and paste the report text.

1. While viewing the report output, right-click your mouse anywhere on the report display.

The right-click pop-up menu displays.

2. Select the **Select All** right-click menu option.

The text of the report will become highlighted.

3. Hold the **Ctrl** key and press the **C** key, or click the **Copy** option from the right-click menu.
4. From the document where you want to paste the report output, hold the **Ctrl** key and press the **V** key, or click the **Paste** option from the right-click menu.

The report text will be pasted to the selected location.

NOTE: To be able to sort and otherwise manipulate the data in a report, use the **Save as** command on the file menu to export to a file which you can then open in another program (e.g., Excel or Access).

Changing the Text Size of a Report

You can change the size of the text in the report output.

1. While viewing the report output, right-click your mouse anywhere on the report display.

The right-click pop-up menu displays.

2. Select the **Text Size** menu option, and select the desired text size from the options displayed.

Finding Text on a Report

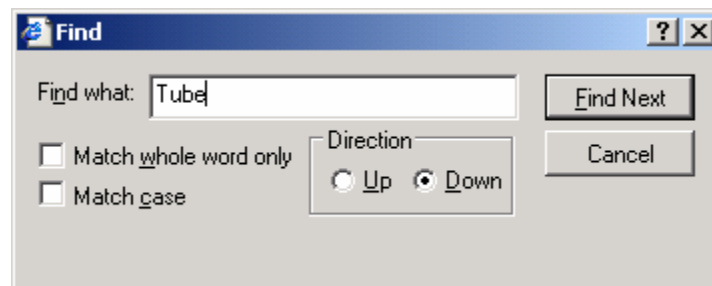
Use the Find option on the right-click menu while viewing a report to search for a word or term on the report.

1. While viewing the report output, right-click your mouse anywhere on the report display.

The right-click pop-up menu displays.

2. Click the **Find** option.

The Find dialog window displays.



3. Type the word or term you want to find in the **Find what:** field.

You can search for a match to the whole word only or match by case. You can also search up or down the report by selecting a radio button

4. Click the **Find Next** button to find the next instance of the selected word or term.

Sorting/Ordering the Information on a Report

When viewing a report, you can change the order in which the information is presented by clicking the heading of a column.

All tables of the same type are sorted in the same way. For example, if you sort an Outpatient Drugs table in the HIV+ (no AIDS OI) section of the Pharmacy Prescription Utilization report by Number of Fills, then this kind of table will be sorted in the same way in all other sections of the report (AIDS OI and All Patients).

NOTE: Some columns cannot be sorted. Column headings that can be used for sorting are indicated with **Bold, Blue, and Underlined** text.

The information in the selected column will be displayed in either ascending or descending order and the items in the associated columns will be reordered accordingly.

Continue clicking the column headings until the desired order of information is attained.

NOTE: The report columns only sort in either ascending or descending order. Clicking the same column heading twice does not reverse the sort order.

Saving a Report

You can save a report to an alternate location, i.e., export it for use in another application, from an active report window.

IMPORTANT NOTE: Reports that contain patient information must be handled in accordance with established policies for confidential medical information.

1. While viewing the selected report, click the **File** menu.
2. Click the **Save As...** menu option.

The **Save the Report As** dialog displays.

3. From the **Save the Report As** dialog, select the location to which to save the report.
4. Type the file name, as necessary, in the **File name** field.
5. Select the format, as necessary, from the **Save as type** drop down list.

Reports can be saved in the following formats:

- Comma Separated Value - (*.csv)
- HTML Document - (*.htm; *.html)
- XML Document - (*.xml)

6. Click the **Save** button.

The **Save the Report As** dialog automatically closes and the report is saved to the selected location.

Exporting a Report to Excel or Access (CSV Format)

Saving a report in CSV format automatically exports (saves) the contents of the report to a file in a location determined by you during the saving procedure.

Reports that contain multiple tables based upon the selected report parameters will be saved in separate CSV files. The number of separate files for each saved report will depend on the report that is generated and the report parameters selected by you. A sequential number will be appended to the names of the additional files.

The following list describes how the tables for each of the reports will be saved as separate files:

Report	Files
ARV Combination	Single file
Clinical Follow Up	Single file (Summary not saved)
Combined RX and Lab	Drugs Lab Results
Current Inpatient List	Single File
Diagnosis Code	ICD-9 Codes Patients
General Utilization and Demographics	Patients All summary tables
Inpatient and Outpatient Utilization	Stops (HIV+, AIDS, and All Patients) Distribution of Utilization among clinics (HIV+, AIDS, and All Patients) Stays (HIV+, AIDS, All Patients) Distribution of Utilization Among Bed Sections (HIV+, AIDS, and All Patients) Occurrences of Missing Bed Section ID (HIV+, AIDS, and All Patients) Highest Utilization of Stop Codes (HIV+, AIDS, and All Patients) Highest Number of Stays (HIV+, AIDS, and All Patients) Highest Number of Days (HIV+, AIDS, and All Patients)
Lab Utilization	Results (HIV+, AIDS, and All Patients) Laboratory Tests (HIV+, AIDS, All Patients) Patients with Highest Utilization (HIV+, AIDS, All Patients)
List of Registry Patients	Single file
Patient Drug History	Separate file for each patient
Pharmacy Prescription Utilization	Fills (HIV+, AIDS, All Patients)

Report	Files
	Outpatient Drugs (HIV+, AIDS, All Patients) Patients with Highest Utilization of Fills (HIV+, AIDS, All Patients) Doses (HIV+, AIDS, All Patients) Inpatient Drugs (HIV+, AIDS, All Patients) Patients with Highest Utilization of Doses (HIV+, AIDS, All Patients)
Radiology Utilization	Procedures (HIV+, AIDS, All Patients) Patients with Highest Utilization (HIV+, AIDS, All Patients)
VERA Reimbursement	ARV Drugs Patients
HIV Viral Load and CD4 by Range	Single file

Printing a Report

You can print the report from an active report window. The font size selected for the report window affects the corresponding printout; therefore, it is recommended to select smaller fonts before printing wide reports.

IMPORTANT NOTE: Use only secure printers to produce reports that contain patient information.

1. While viewing the selected report, click the **File** menu.
2. Click the **Print...** menu option.

The **Print** dialog displays.

3. From the **Print** dialog, if necessary, select the printer from which to print the report and select the printing options.
4. Click the **Apply** button if different printing options were selected from the **Print** dialog, then click the **Print** button.

The selected report will print.

NOTE: You can also print a report after saving it in CSV, HTML, or XML format using the appropriate applications MS Word, MS Excel, MS Access, etc.

Deleting a Report

You can delete a selected report from the **Task Manager** tab display.

1. From the **Task Manager** tab, select the report(s) you want to delete. For information on how to select multiple items, refer to the section entitled, "[Selecting Multiple Items from a List.](#)"
2. Click the **Delete** button.

You will be prompted to confirm the delete command.

3. Click OK to delete the report.

NOTE: Reports are automatically deleted 2 weeks after the date on which they were generated.

Closing a Report

Close an active report window by selecting the **Close** menu option from the **File** menu. You can also close a report by clicking the **X** in the upper right corner of the report window.






NOTE: Clicking the **X** on the **Clinical Case Registries – [Immunology Case Registry]** window will close the ICR application. A prompt will display asking you to confirm.

Activity Log Tab

The Activity Log tab displays information regarding processes that are scheduled and performed in the ICR. The activities and events associated with ICR processes are logged and displayed in a “folder tree view” on the left pane of the Activity Log tab display. Each folder in the tree is displayed with its associated activity type and the date/time when the activity occurred. The folders in the tree view are displayed chronologically for the past 7 days in descending order from latest to earliest. Therefore, the most recent activities will be displayed in the folder at the top of the list. You can use the date range parameters to view the last 14 days of activity.

You can expand the folders in the tree to view the message details of the logged activities. When an activity is selected from the tree view, the message details about the activity or event are displayed in the right pane. The types of message details that can be displayed include Warning, Information, Database Error, Data Quality, and Error.

The following table shows the icons that can be displayed adjacent to each of the messages associated with the logged activities:

Icon	Description
	Informational Message: These messages present information that is general in nature.
	Data Quality Message: These messages present information about problems with data quality. While not mandatory, you can inform the IRM group with the details regarding these messages.
	Warning Message: These messages are largely informational with the exception of the “ <i>Registry VA ICR is awaiting ACK</i> ” warning. When this warning is the most recent message in the log, it can be assumed that an acknowledgment for the last extract has not yet been received and the IRM group should be notified.
	Database Error Message: The IRM group should be informed of the details within these messages.
	Error Message: The IRM group MUST be informed of the details of these messages. All of these messages with the exception of the message “ <i>Error(s) during processing of the patient data</i> ” indicate that the running process had to stop due to the error. This message indicates that the processing of the patient stopped but the job itself continued processing.

From: and To: Date Fields

The **From:** and **To:** date fields allow you to adjust the display of the Activity Log tab, by only displaying those activities that occurred within a selected date range. The default Activity Log display includes

activities that occurred within one week of the current date. The date range can be expanded to include activities that occurred within the last two weeks of the current date.

Refresh Button

The refresh button updates the Activity Log tab display with new activities that have taken place since the last time the window was refreshed.

Types of Logged Activities

The following types of activities can be displayed in the **Activity Log**:

Activity Type	Description
Data Extraction	Indicates data was extracted from the registry. The activity details include the start and end dates and times of each extraction, the number of patients processed, the number of patients processed with errors, and the registries updated.
Report	Indicates a user generated a report. The activity details include the start and end date and time the report was generated.
Registry Update	Indicates an update was made to the ICR Registry. The activity details include the start and end dates and times of each update, the number of patients processed, the number of patients processed with errors, and the registries updated.
Access Violation	Indicates an unauthorized user attempted to access ICR data. An alert will display on the unauthorized user's window stating that access is denied. Simultaneously and for each violation, the ICR Coordinators will receive an alert and the name of the unauthorized user is recorded in the activity log along with the unauthorized action.

Managing Logged Activities from the Activity Log Tab

Viewing the Activity Log

1. Click the **Activity Log** tab to display the **Activity Log** window.
2. Using the **From:** and **To:** date fields, type or select from the drop-down calendars, the dates to use for the date range within the last 2 weeks.
3. Click the **Refresh** button to display the activities that fall within the selected date range.

Viewing Activity Details

To see detailed information about a particular activity:

1. Click the “+” next to the activity in the left pane to expand the heading and view all the messages associated with the selected activity.

Information regarding the selected activity will display in the right pane.

2. Click the message you want to view in the left pane.

Information regarding the selected message will display in the right pane.

3. Repeat as necessary to view all the associated message details.

Registry Tab

The **Registry** tab displays the primary interface for selecting patients and performing patient-related tasks. From the **Registry** tab, you can search for existing patients, edit a patient's record, add or remove patient records, inactivate or reactivate a patient, and generate, view, and print a CDC form for a patient.

NOTE: The Registry tab is automatically activated when the Registry menu is selected.

Select Button

The **Select** button activates the search function based on the searchable information in the **Patient** field and/or based on the additional search options.

The system will search for names that begin with the characters typed in the **Patient** field, not based upon whether the string of characters is contained within a word. For example, typing "car" in the target field would return Carter and Carmichael but not McCarthy.

NOTE: If no search criteria are selected, the ICR will attempt to return all patient records; this requires considerable time, possibly exceeding system timeout parameters, and should not generally be done.

Add/Edit Button

The **Add/Edit** button allows you to add a selected patient to the registry or edit the information of a patient who has already been added to the registry. The button name changes depending on whether the selected patient has already been added to the registry. Patient records that display a date in the **Entered** column have already been added to the registry, and therefore can only be edited.

IMPORTANT NOTE: Using the Add/Edit Patient menu option to add patients to the registry is **STRONGLY** discouraged. For patients who are known to be HIV+, but who do not meet a selection rule, the ICR coordinator should update the patient's problem list to include an HIV related ICD-9 code (e.g. 042), allow the next nightly registry update to place the patient in the registry with a "Pending" status, and then activate the patient.

Reactivate Button

The **Reactivate** button allows you to change a selected patient's status from inactive to active. When a patient is reactivated, the patient's **Active** column will change from No to Yes. The button is enabled only when you select an inactive patient.

Inactivate Button

The **Inactivate** button allows you to change a selected patient's status from active to inactive. When a patient is inactivated, the patient's **Active** column will change from Yes to No. The button is enabled only when you select an active patient.

CDC Button

The **CDC** button allows you to access the CDC window for a selected patient. From this window, you can enter information on a new CDC form, or edit, view, and print an existing form.

Delete Button

The Delete button allows you to delete from the registry a record for a patient with a status of **Pending** or **New**. You will be prompted to confirm before the patient record is deleted.

NOTE: If a patient record is deleted because the patient was selected for the registry based on erroneous coding or a false positive antibody test result, that patient will not be selected again based on the same instance of erroneous coding or false positive antibody test result. However, if there are multiple instances of erroneous coding or additional false positive tests results, the patient will be selected and placed in Pending status sequentially based on each instance. If such situations are observed, it is advisable to address the local coding issue.

Patient Field

You can type searchable information in the **Patient** field to search for a patient or list of patients to view in the **Patient Display** list.

Searchable information includes the patient's full last name, the first one or more characters of the patient's last name, the patient's SSN, the last four digits of the patient's SSN, or a combination of the first letter of the patient's last name and the last four digits of the patient's SSN.

Statuses to Select Checkboxes

The **Statuses to Select** checkboxes allow you to search for patients in the registry who have a status of **Pending** and/or **New**. These checkboxes can be used with the **Patient field**; however, they cannot be used with the **Select only from patients entered in registry after: (date)** checkbox.

Pending Status

Patients with a **Pending** status must be validated and then confirmed by the ICR Coordinator before their records are added to the registry. Data for patients with a Pending status will not be sent to the national registry and will not be included in the reports. After the ICR Coordinator confirms these patients, their status changes to New.

New Status

Patients with a **New** status have been confirmed by the ICR Coordinator and have been added to the local registry but not yet extracted and transmitted to the national registry.

A patient's record can be deleted while in **New** status. When this occurs, no data for the selected patient will be transmitted to the national registry. In general, patients should have a status of **New** for less than 24 hours as these records are automatically transmitted to the national registry during the nightly extract.

Select Only from Patients Entered in Registry After Checkbox

The **Select only from patients entered in registry after:** checkbox allows you to search for patients in the registry who were added to the registry after a selected date. When you check this checkbox, the adjacent date field is activated. You can then type a date in the date field or click the down arrow and use the pop-up calendar to select the date. This checkbox can be used with the **Patient** field; however, it cannot be used with the **Statuses to Select** checkboxes.

Patient List Display

The **Patient List** displays the patients whose records match the search criteria you typed in the Patient field. The patient records will be displayed alphabetically according to their last names.

From the **Patient List** display, you can select a specific patient. Additional information about the selected patient will be displayed in the fields in the bottom portion of the **Patient List** display.

The following columns are displayed on the Patient List:

- Name
- IEN
- Date Of Birth
- SSN
- Date Of Death
- Sex
- Entered
- Active

You can resize these columns; however, you cannot use the column headings to sort or reorder the Patient List display.

Name Column

The **Name** column displays the full name of the patient. The names of the patients are listed alphabetically. The selected patient's name is also displayed in the **Name** field in the bottom portion of the **Patient List** display.

IEN Column

The **IEN** column displays the patient's **Internal Entry Number**.

Date Of Birth Column

The **Date Of Birth** column displays the patient's date of birth. The selected patient's date of birth is also displayed in the **DOB** field in the bottom portion of the Patient List display.

SSN Column

The **SSN** column displays the patient's Social Security Number. The selected patient's Social Security Number is also displayed in the **SSN** field in the bottom portion of the **Patient List** display.

Date Of Death Column

If applicable, the **Date Of Death** column displays the date the patient died. The selected patient's date of death is also displayed in the **DOD** field in the bottom portion of the **Patient List** display.

Sex Column

The **Sex** column displays the sex of the patient. The column will display an **M** for male, or **F** for female. The selected patient's sex is also displayed in the **Sex** field in the bottom portion of the **Patient List** display.

Entered Column

The **Entered** column displays the date and time the patient's record was entered into the registry. For patients whose records existed in ICR version 2.1, the earliest date of an ICD-9 code entry or HIV antibody test entry will be used to populate the fields in this column.

Active Column

The **Active** column displays the registry status of the patient. The column will display a **Yes** if the patient is active in the registry and a **No** if the patient is inactive in the registry.

Active patients are those in the local registry list for whom data will be automatically sent to the national database. These are patients who had been on the 2.1 registry list and were automatically added to the CCR: ICR list or whose addition to the local CCR: ICR list has been confirmed by the ICR Coordinator.

Inactive patients are those patients who at some point were confirmed in the registry but whose data is not sent to the national registry. The following circumstances will result in a patient being assigned a status of Inactive:

1. Deceased patients are automatically inactivated 31 days after their date of death and thus are Inactive (because of death).
2. Patients who were initially added to the registry and then removed from the registry because they were not HIV positive also do not transmit data. These patients are Inactive (because of entry errors).

Extracted Until Field

The **Extracted until** field displays the end date of the last data extraction for the patient.

Acknowledged Until Field

The **Acknowledged until** field displays the end date of the last data extraction acknowledged by the AAC.

Inactivated Field

The **Inactivated** field displays the date and time the selected patient's record was inactivated in the registry. If the patient was inactivated because of entry error the name of the user who inactivated the patient's record will be displayed to the right of the field. If the patient was inactivated because of death, the date in the Inactivated field will be 31 days after the patient's DOD and no user name will be displayed to the right of the field.

Reactivated Field

The **Reactivated** field displays the date and time the selected patient's record was reactivated in the registry. The name of the user who reactivated the patient's record will be displayed to the right of the field.

Using the Registry Tab

Searching for Patients

You can search for patients in the registry by using the **Patient** field and additional search options.

1. Type some searchable information about the patient in the **Patient** field.

Searchable information includes the patient's full last name, the first one or more characters of the patient's last name, the patient's SSN, the last four digits of the patient's SSN, or a combination of the first letter of the patient's last name and the last four digits of the patient's SSN.

2. Select additional search criteria if necessary.

Use the **Statuses to Select** checkboxes to limit the search results to include only patients with a status of **Pending** and/or **New**.

Use the **Select only from patients entered in registry after:** checkbox and pop-up calendar to limit the search to include only patients who were added to the registry after a selected date.

NOTE: You cannot search using **both** the status and the registry entry date criteria.

3. Click the **Select** button or press the **Enter** key.

The patient(s) matching the search criteria will be displayed in the **Patient List** display.

If no patient records match the search criteria, a prompt will display stating "No records found..."

If the search criteria return too many patient records to display, you will be prompted to narrow your search criteria. The screen will display the initial part of the results of your search listing in alphabetic order. You can then narrow your search criteria.

Alternatively, in order to display more patients, you can adjust the parameter that controls the maximum number of patients to retrieve. For more information, refer to the section entitled, "[Changing the Maximum Number of Patients to Retrieve](#)."

Deleting a Patient

You can delete from the CCR: ICR only patient records with a status of **Pending** or **New** by using the **Delete** button or the right-click menu from the **Patient List** display. After any patient's data has been sent to the AAC, the patient can be inactivated but cannot be deleted.

1. Select the new or pending patient you want to delete from the **Patient List** display.
2. Click the **Delete** button or select the **Delete option** from the right-click menu.
3. The confirmation dialog box displays.
4. Click **Yes** to complete the delete process or click **No** to cancel.

Changing a Patient's Active or Inactive Status

You can change a selected patient's Active status from the **Registry tab**, **Registry menu**, **right-click menu** from the **Patient List** display, or the **Patient Data Editor** window.

Active patients are patients who are currently on the registry list and for whom data is sent to the national database. On the Patient List display, these patients have a **Yes** in the Active column.

Inactive patients are patients who have either been manually inactivated or who are deceased. On the Patient List display, these patients have a **No** in the Active column.

The Inactivate/Reactivate buttons and menu options displayed will depend upon the selected patient's status. If an active patient is selected, the menus and buttons will display the option to **Inactivate**. If the selected patient is inactive, the menus and buttons will display the option to **Reactivate**.

A reason must be provided when you inactivate or reactivate a patient.

When a patient dies, their status automatically changes to Inactive 31 days after their date of death.

Inactivated/Reactivated Alerts

An alert is sent in VistA to the user who inactivates a patient that was automatically added to the registry, or reactivates a patient who has been added but with no selection rules that support the decision.

The following is an example of the alert message:

```
Select VA FileMan Option: VA View Alerts

1. Record of Clinical Case Registries has been (in)activated.
2. Record of Clinical Case Registries has been (in)activated.
   Select from 1 to 2
   or enter ?, A, F, S, P, M, R, or ^ to exit: A

-----
A record of the VA ICR has been (re)activated.

Patient: EARLY,PATIENT (4444)

Please ensure that you add the appropriate ICD-9 code(s) to the Problem
List for this patient.
-----

Continue (Y/N) or F(orward) or R(enew) YES// <RET>

-----
A record of the VA ICR has been inactivated.

Patient: EARLY,PATIENT (4444)

However, the patient has an ICD-9 code(s) or test result(s) consistent
with the registry. Please make sure that the patient has the correct
diagnosis in the medical record.
-----

Continue (Y/N) or F(orward) or R(enew) YES// <RET>
```


Inactivating a Patient's Record

Patients whose records are entered into the local registry and later determined to not be HIV infected should be inactivated.

1. Select an active patient from the **Patient List** display.
2. Click the **Inactivate** button or select Inactivate from the right-click menu.
3. The **Inactivate** window displays.
4. Select a reason for the inactivation from the **Reason** drop-down list.

The **Inactivate** button is disabled until you select an option from the **Reason** drop down box. When you click the **Reason** drop-down box to select the reason for activating the patient the following options display:

- Manually Entered/Confirmed in Error
- Miscoded ICD-9 Diagnosis
- No evidence of chronic infection (includes False + screen)
- Other

After you enter the reason for inactivation, the system will check to see if there is any ICD-9 code or HIV antibody test information that suggests an HIV diagnosis. If such information is found, the following message appears:

"The patient you have selected has an ICD-9 code or test result consistent with the registry. Please be sure that this information was not entered by mistake in your local system files."

5. Click the **Continue Inactivation** button.
6. Click the **Inactivate** button.

The Inactivate window automatically closes. The patient's active status will change to **No**. The date of the inactivation will be set to the current date.

Reactivating a Patient's Record

If a living patient who had been inactivated, is later found to have HIV infection (e.g. a new HIV test at an outside facility is positive) use the **Reactivate** function to place the patient on the local registry list.

1. Select an inactive patient from the **Patient List** display.
2. Click the **Reactivate** button.
3. The **Reactivate** window displays.
4. Select a reason for the reactivation from the **Reason** drop-down list.

The **Reactivate** button is disabled until after you select an option from the **Reason** drop down box. When you click the **Reason** drop-down box to select the reason for reactivating the patient the following options display:

- Patient previously diagnosed within VA
- Patient previously diagnosed outside VA
- Other

After you enter the reason for reactivation, a check is performed on data entered since the last update to establish if there are any existing data for the patient that passes the Immunology Case Registry selection rules. If no data to support selection is found, you will be prompted to add an HIV ICD-9 code into the problem list by the following message:

“You must have confirmatory evidence supporting the diagnosis to activate a patient within the registry. After activation, please make sure that you add the correct ICD-9 code to this patient’s problem list.”

IMPORTANT NOTE: Using this method for reactivating a patient is **STRONGLY** discouraged. If a previously inactivated patient is found to be HIV positive when there is no local ICD-9 documentation and no positive HIV antibody test result, registry best practices recommend that the ICR Coordinator update the patient’s problem list to include an HIV related ICD-9 code (e.g. 042), allow the next nightly registry update to place the patient in the registry with a “Pending” status, and then activate the patient.

5. Click the **Continue Reactivation** button.
6. Click the **Reactivate** button.

The Reactivate window automatically closes. The patient’s active status will change to **Yes**. The date of the Reactivation will be set to the current date.

Using the Patient Data Editor Window

The **Patient Data Editor** window is displayed when you add or edit a patient's ICR record. Additionally, you can inactivate or reactivate a patient from this window. Enter or edit patients' ICR records using the fields, buttons, and checkbox options displayed on the following two tabs:

1. Current Status tab
2. Patient History tab

Current Status Tab

The **Current Status** tab on the **Patient Data Editor** window allows you to enter information regarding the patient's current status including a checkbox indicating whether the patient has been diagnosed with Clinical AIDS by an AIDS-OI and the date at which the diagnosis was made.

Supporting Evidence Drop-Down List

The **Supporting Evidence** field only has to be completed for patients being manually added to the registry who did not meet a Selection Rule. However, registry best practices **STRONGLY** discourage manually adding patients. ICR Coordinators should update the patient's problem list to include an HIV related ICD-9 code (e.g. 042) and allow the next nightly registry update to place the patient in the registry with a "Pending" status and then activate the patient.

The Supporting Evidence drop-down list displays the following selections:

- Patient previously diagnosed and treated within VA
- Patient previously diagnosed and treated outside VA
- Other

ICR Coordinators can edit previously entered Supporting Evidence selections.

Patient History Tab

The **Patient History** tab allows you to enter information regarding the patient's HIV risk behavior history. The series of questions from the CDC regarding HIV risk behavior are displayed. Enter Yes, No, or Unk. (unknown) to each of the questions using the adjacent checkboxes.

NOTE: All questions displayed on the Patient History tab must be answered for any patients added to the registry. All questions must be answered prior to saving and closing the form. You will be prompted to enter any missing information.

Manually Adding a Patient to the Registry

IMPORTANT NOTE: It is possible to use the **Add** button on the Registry tab to manually add a patient to the Registry. However, this practice is **STRONGLY** discouraged.

Use the following procedure for patients who are known to be HIV positive but who do not meet the selection rules:

NOTE: This procedure can only be performed by ICR Coordinators and users with the applicable administrative permissions.

1. Update the patient's problem list to include an HIV related ICD-9 code (e.g. 042).
2. The next nightly update will place the patient's record in a Pending status.

Validating a Pending Patient

Select staff at each facility will be able to select patients from the **Patient List** display with a **Pending status** and add them to the ICR. These patient records are identified via the automatic nightly registry update process and must be validated before being added to the registry.

Refer to [Appendix A](#) for a worksheet to aid in the validation of pending patients. This worksheet is also available at the following address: <http://vaww.vistau.med.va.gov/VistaU/ICR/default.htm>.

1. From the **Registry** tab, **Patient List** display, select the **Status to select: Pending** checkbox.
2. Click the **Select** button to search for pending patients.

The **Patient List** will display the pending patients

3. Select the patient you want to validate.
4. Click the **Add** button, or select the **Add/Edit** option from the right mouse click menu.

The **Patient Data Editor** window displays.

5. From the **Current Status** tab, if the patient has had an AIDS OI according to the 1993 CDC AIDS surveillance case definition (available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm>), check the Clinical AIDS box and enter the earliest date of an AIDS OI diagnosis.
6. Click the **Patient History** tab and complete the form.
7. Click the **Save** button in the top right hand corner.

The **Patient Data Editor** window automatically closes, and the patient is added to the ICR. Data for this patient will be sent in the next nightly data extract. The current date will be displayed in the **Entered** column for the patient on the **Patient List**.

NOTE: The patient's status will be **New** until the patient's data is sent to the national registry. If the patient was added to the registry in error the patient's record can be deleted from the registry while the patient's status is **New**. However, after the patient's record has been sent to the national registry the patient's record cannot be deleted and will have to be inactivated instead.

Editing a Patient's ICR Record

ICR Coordinators have the ability to edit ICR patient records in order to enter information that a patient has had an AIDS-defining opportunistic infection (AIDS-OI) or to update HIV risk behavior information after the information is obtained.

1. From the **Registry** tab, **Patient List** display, select the patient you want to edit.

Patients who have a date in the **Entered** column on the **Patient List** display have already been added to the registry. Therefore, when these patients are selected, the **Add/Edit** button will display as **Edit**.

2. Click the **Edit** button, double click the patient or select the **Add/Edit** option from the right mouse click menu.

The **Patient Data Editor** window displays.

3. If the patient has had an AIDS-OI, from the **Current Status** tab, check the **Clinical AIDS** box and enter the date of the diagnosis in the date box
4. If information has been obtained about the patient's HIV risk behavior, click the **Patient History** tab and make the necessary changes to the form.
5. Click the **Save** button.

The edited patient record will be saved to the ICR and the **Patient Data Editor** window automatically closes.

CDC Window

The **CDC** button on the **Registry** tab displays the **CDC window**. The CDC window allows you to enter the information necessary to complete the 10 sections of the **CDC Adult HIV/AIDS Confidential Case Report** for a patient; and edit, view, and print a patient's existing CDC report.

You can open the CDC window using the **CDC** button, **CDC** option from the Registry menu, or the **CDC** option from the right click menu of the Patient List.

The CDC window displays two panes. The left pane displays the **Group Titles** of the 10 sections of the CDC report. You can hide or display this pane by clicking the Group Titles button. The right pane displays the form used to enter the patient's data. You can navigate to each of the 10 sections of the CDC report by using the **scroll bar**, or by clicking the **Group Title** of the desired section.

The following tabs are displayed above the right pane of the CDC window:

- **Form**
- **Preview**
- **Preview (page 2)**

Form Tab

The Form tab presents the GUI through which you can enter a patient's information. The information that is entered from the **Form** tab is displayed on the completed **CDC Adult HIV/AIDS Confidential Case Report**.

Preview Tab

The **Preview** tab display shows you how the CDC report will appear when printed. The Preview tab displays the first page of the 2-page **CDC Adult HIV/AIDS Confidential Case Report**. Page 1 of the CDC report contains sections I through VI. Information that is entered from the **Form** tab will be displayed on the report.

Preview (page 2) Tab

The **Preview (page 2)** tab display shows you how the CDC report will appear when printed. The Preview (page 2) tab displays the second page of the 2-page **CDC Adult HIV/AIDS Confidential Case Report**. Page 2 of the CDC report contains sections VII through X. Information that is entered from the **Form** tab will be displayed on the report.

Print Button

The **Print** button allows you to print the selected patient's CDC report.

Print Blank Button

The **Print Blank** button allows you to print a blank CDC report.

Save Button

The **Save** button saves the information entered from the **CDC Form** tab and automatically closes the CDC window.

Close Button

The **Close** button allows you to close the CDC window without saving the information entered on the **CDC Form**.

Zoom In and Zoom Out Buttons

The **Zoom In and Zoom Out** buttons allow you to incrementally enlarge or reduce the **Preview** and **Preview (page 2)** tab displays within the **CDC** window.

Fit Width

The **Fit Width** button automatically adjusts the size of the **Preview** and **Preview (page 2)** display to fit the width of the CDC window.

Zoom 1:1

The **Zoom 1:1** button automatically enlarges the **Preview** and **Preview (page 2)** tab display at a 1:1 ratio.

Auto Fit

The **Auto Fit** checkbox automatically adjusts the size of the form so that it fits the width of the window when the window is resized.

Viewing a Patient's CDC Report

1. From the **Registry** tab, select the patient from the **Patient List** display.
2. Click the **CDC** button.

The CDC window displays the selected patient's CDC report.

Use the **Preview** and **Preview (page 2)** tabs to view how the CDC report will appear when printed.

Printing a Patient's CDC Report

1. From the **Registry** tab, select the patient from the **Patient List** display.
2. Click the **CDC** button.

The CDC window displays the selected patient's CDC report.

Use the **Preview** and **Preview (page 2)** tabs to view how the CDC report will appear when printed.

3. Click the **Print** button

The **Print** dialog displays.

4. Select any necessary printing options from the **Print** dialog.
5. Click **OK**.

Entering Information on a Patient's CDC Report

The following procedure can be used to create a new CDC report for a patient, or edit the information on a patient's existing CDC report.

1. From the **Registry** tab, select the patient from the **Patient List** display.
2. Click the **CDC** button.

The CDC window displays.

3. From the **Form** tab, use the **Group Titles** or the scroll bar to navigate to the field(s) you want to enter/edit.
4. After entering/editing the fields, click the **Save** button.

The patient's CDC report is saved and the CDC window automatically closes.

Detailed information regarding each of the **Group Title** sections of the CDC report is provided in the following sections of this document:

SECTION I - STATE AND LOCAL USE ONLY

Information in this section is **read-only** and cannot be entered or edited from the **Form** tab. The address information is obtained from the Patient File #2. If there is an error in the address, please contact Patient Registration to correct the Patient File which will then populated the CDC form with the corrected information.

[Figure 1](#) shows an example of sections I, II, and III of the CDC Form.

SECTION II - DATE FORM WAS COMPLETED

The current date is the default date and will be displayed automatically. To change the date, type, or select from the drop-down calendar, the date that the form for the CDC report was completed. The date must be the current date or earlier. The CCR: ICR will not allow future dates to be entered.

[Figure 1](#) shows an example of sections I, II, and III of the CDC Form.

SECTION III – DEMOGRAPHIC INFORMATION

The following information can be entered/edited from this section:

- The patient's diagnostic status at the time of the report and the age of the patient at the time of the diagnosis.
- The patient's country of birth
- The city, state, county, and country in which the patient resides at the time of the diagnosis.

The other fields in section III are **read-only** and cannot be entered or edited from the **Form** tab. The date of birth, current status, sex, ethnicity and race information is obtained from the Patient File #2. If there are errors in these fields please contact Patient Registration to correct the Patient File which will then populate the CDC form with the corrected information.

[Figure 1](#) shows an example of sections I, II, and III of the CDC Form.

Figure 1: Sections I, II, and III of the CDC Form.

The screenshot displays the CDC Form interface within a web browser window. The window title is "CDC". The toolbar includes options for "Group Titles", "Zoom In", "Zoom Out", "Fit Width", "Zoom 1:1", "AutoFit", "Print", "Print Blank", "Save", and "Close".

Left Panel: CDC parameter groups

- I. STATE/LOCAL USE ONLY
- II. DATE FORM WAS COMPLETED
- III. DEMOGRAPHIC INFORMATION
- IV. FACILITY OF DIAGNOSIS
- V. PATIENT HISTORY
- VI. LABORATORY DATA
- VII. STATE/LOCAL USE ONLY
- VIII. CLINICAL STATUS
- IX. TREATMENT/SERVICES REFERRALS
- X. COMMENTS

Main Form Area:

I. STATE/LOCAL USE ONLY

Name: Phone:

Address:

City: County: State: Zip:

II. DATE FORM WAS COMPLETED

III. DEMOGRAPHIC INFORMATION

Diagnostic Status At Report <input type="checkbox"/> HIV Infection (Not AIDS) <input type="checkbox"/> AIDS	Age (Years) <input type="text"/>	Date Of Birth <input type="text" value="1/2/1950"/>	Current Status <input checked="" type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unk. Date of Death: <input type="text"/> State/Territory of Death: <input type="text"/>
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unk.	Race: (select one or more) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unk.	
Country Of Birth <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Dependencies/Possessions including Puerto Rico (specify): <input type="text"/> <input type="checkbox"/> Other (specify): <input type="text"/> <input type="checkbox"/> Unk.			
Residence at Diagnosis <input type="text"/>			

SECTION IV – FACILITY OF DIAGNOSIS

The following information can be entered/edited from this section:

- **Facility Name** - Type the name of the facility where the patient was diagnosed.
- **City** – Type the name of the city in which the facility is located.
- **State** – Select the name of the state in which the facility is located from the drop-down list.
- **Country** – Type the name of the country in which the facility is located.
- **Facility Setting** – Select the appropriate facility setting by clicking one of the following checkboxes:
 - **Public**
 - **Private**
 - **Federal**
 - **Unk. (unknown)**
- **Facility Type** – Select the appropriate facility type by clicking one of the following checkboxes:
 - **Physician, HMO**
 - **Hospital, Inpatient**
 - **Other – Specify the type of facility in the field provided.**

[Figure 2](#) shows an example of sections IV and V of the CDC Form.

SECTION V – PATIENT HISTORY

The Patient History section is **read-only** and displays the information entered from the **Patient History** tab on the **Patient Data Editor** window.

Figure 2 – Sections IV and V of the CDC Form

The screenshot shows the CDC Form interface. On the left is a sidebar with a list of CDC parameter groups: I. STATE/LOCAL USE ONLY, II. DATE FORM WAS COMPLETED, III. DEMOGRAPHIC INFORMATION, IV. FACILITY OF DIAGNOSIS (highlighted), V. PATIENT HISTORY, VI. LABORATORY DATA, VII. STATE/LOCAL USE ONLY, VIII. CLINICAL STATUS, IX. TREATMENT/SERVICES REFERRALS (C), and X. COMMENTS. The main area displays Section IV, FACILITY OF DIAGNOSIS, and Section V, PATIENT HISTORY. Section IV includes fields for Facility Name, City, State (dropdown), and Country. It also has checkboxes for Facility Setting (Public, Private, Federal, Unk.) and Facility Type (Physician, HMO, Hospital, Inpatient, Other (specify)). Section V, PATIENT HISTORY, includes a heading 'After 1977 and preceding the first positive HIV antibody test or AIDS diagnosis this patient had :'. It contains several rows of checkboxes for various risk factors: Sex with male, Sex with Female, Injected Nonprescription drug, Received clotting factor for hemophilia/coagulation disorder (with sub-options for Factor VIII, Factor IX, and Other), HETEROSEXUAL relations with any of the following (with sub-options for Bisexual male, Intravenous Injection drug user, Person with hemophilia/coagulation disorder, Transfusion recipient with documented HIV infection, Transplant recipient with documented HIV infection, and Person with AIDS or documented HIV infection, risk not specified), Received transfusion of blood/blood components (other than clotting factor) with date fields for First and Last, and Received transplant of tissue/organs or artificial insemination. Each row has Yes, No, and Unk. checkboxes. A 'Respond to ALL Categories' button is located at the top right of Section V.

IV. FACILITY OF DIAGNOSIS

Facility Name
City State
Country
Facility Setting ☐ Public ☐ Private ☐ Federal ☐ Unk.
Facility Type ☐ Physician, HMO ☐ Hospital, Inpatient ☐ Other (specify):

V. PATIENT HISTORY [Respond to ALL Categories](#)

After 1977 and preceding the first positive HIV antibody test or AIDS diagnosis this patient had :

Sex with male	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.
Sex with Female	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.
Injected Nonprescription drug	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.
Received clotting factor for hemophilia/coagulation disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.
<input type="checkbox"/> Factor VIII (Hemophilia A) <input type="checkbox"/> Factor IX (Hemophilia B) <input type="checkbox"/> Other: <input type="text"/>	
HETEROSEXUAL relations with any of the following:	Bisexual male <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.
	Intravenous Injection drug user <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.
	Person with hemophilia/coagulation disorder <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.
	Transfusion recipient with documented HIV infection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.
	Transplant recipient with documented HIV infection <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.
	Person with AIDS or documented HIV infection, risk not specified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.
Received transfusion of blood/blood components (other than clotting factor)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.
First (Mo/Yr) <input type="text"/> Last (Mo/Yr) <input type="text"/>	
Received transplant of tissue/organs or artificial insemination	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.

SECTION VI – LABORATORY DATA

This section is divided into the following 4 subsections:

1. HIV ANTIBODY TESTS AT DIAGNOSIS (Indicate first test):

If the tests listed in this section were performed, use the checkboxes and fields to indicate the month and year the test(s) were performed and one of the following results:

- **Pos** (positive)
- **Neg** (negative)
- **Ind** (indeterminate)

Use the **Not Done** checkbox to indicate that a test was not performed.

Type the name of the “Other HIV antibody test” in the field provided and use the checkboxes to record the outcome of the test if a test other than those listed was used.

2. POSITIVE HIV DETECTION TEST (Record earliest test)

Use the checkboxes to select the type of test. Type the month and date of the test in the field provided. If a test other than the ones listed was used, specify the type of test in the field provided.

3. DETECTABLE VIRAL LOAD TEST (record most recent test)

Select one of the following test types from the **Test Type** drop-down list:

- **NASBA (Organon)**
- **RT-PCR (Roche)**
- **bDNA (Chiron)**
- **Other**

Type the **COPIES/ML** for the selected test type in the fields provided.

If applicable, type the month and year and test type of the last documented negative HIV test in the fields provided.

NOTE: Data must be entered manually, even if test was performed at the VA facility, and data entered here does not become part of the patient’s record in CPRS or CCR: ICR.

Use the applicable checkbox to indicate whether the HIV diagnosis is documented by a physician. If the **Yes** checkbox is selected, type the date the physician documented the HIV diagnosis in the field provided.

4. IMMUNOLOGIC LAB TESTS

Type the applicable CD4 counts and percentages, and the date(s) of each of the tests in the fields provided.

NOTE: Data must be entered manually, even if test was performed at the VA facility, and data entered here does not become part of the patient's record in CPRS or CCR: ICR.

[Figure 3](#) shows an example of section VI of the CDC Form.

Figure 3 – Section VI of the CDC Form

The screenshot displays the CDC Form Section VI: LABORATORY DATA. The left sidebar lists the form sections, with 'VI. LABORATORY DATA' highlighted. The main form area contains the following sections:

- VI. LABORATORY DATA**
 - 1. HIV ANTIBODY TESTS DIAGNOSIS: (Indicate FIRST test):** MM/YY
 - HIV-1 EAI: ☐ Pos ☐ Neg ☐ Not Done
 - HIV-1/HIV-2 combination EIA: ☐ Pos ☐ Neg ☐ Not Done
 - HIV-1 Western blot/IFA: ☐ Pos ☐ Neg ☐ Ind ☐ Not Done
 - Other HIV antibody test: ☐ Pos ☐ Neg ☐ Ind ☐ Not Done
 - Specify:
 - 2. POSITIVE HIV DETECTION TEST (Record earliest test):**
 - ☐ Culture ☐ antigen ☐ PCR, DNA, or RNA probe
 - Other (specify):
 - 3. DETECTABLE VIRAL LOAD TEST (Record most recent test):**
 - Test Type: COPIES/ML:
 - Date of last documented negative HIV test:
 - Specify type:
 - If HIV Laboratory tests were not documented, is HIV diagnosis documented by physician? ☐ Yes ☐ No ☐ Unk.
 - If yes, provide date of documentation by physician:
 - 4. IMMUNOLOGY LAB TESTS:**
 - AT OR CLOSEST TO CURRENT DIAGNOSTIC STATUS: MM/YY
 - CD4 Count (cells/mL):
 - CD4 Percent:
 - First <200/mL or 14%: MM/YY
 - CD4 Count (cells/mL):
 - CD4 Percent:

SECTION VII – STATE AND LOCAL USE ONLY

Use the **Select** button to enter the name of the physician in the **Physician** field. You cannot type directly into the **Physician** field.

1. Click the **Select** button.

The **VistA User Selector** window displays.

2. Type the full or partial last name of the physician.
3. Press **Enter** or click the **Select** button.

The list will update to display those physician names that match the search criteria.

4. Select the name of the physician from the list.
5. Click **OK**.

The **VistA User Selector** window automatically closes and the selected name will be displayed in the **Physician** field of the **CDC** form.

The selected physician's **Phone** number and **Hospital** information will be automatically populated in the fields provided.

The **Medical Record No.** field is automatically populated with the selected patient's medical record number.

The current user's name and phone number automatically populate the **Person Completing Form** and **Phone** fields.

[Figure 4](#) shows an example of sections VII and VIII of the CDC Form.

SECTION VIII – CLINICAL STATUS

Use the applicable checkboxes to indicate whether the patient's clinical record was reviewed.

Type the date the patient was diagnosed as asymptomatic or symptomatic in the fields provided.

Use the checkboxes to select the applicable AIDS indicator diseases. Use the **Def.** checkbox to indicate a definitive diagnosis and the **Pres.** checkbox (when provided) to indicate a presumptive diagnosis. Type the month and year of the diagnosis for each selected disease in the field provided.

All reporting areas (i.e., the 50 states, the District of Columbia, Puerto Rico, and other U.S. jurisdictions in the Pacific and Caribbean) report tuberculosis (TB) cases to the CDC using a standard case report form. If the selected patient has been diagnosed with **M. tuberculosis, pulmonary** and/or **M. tuberculosis, disseminated or extrapulmonary**, type the applicable **Report of a Verified Case of Tuberculosis** case number in the **RVCT CASE NO.** field.

Use the applicable checkbox to indicate whether in the absence of positive HIV test results, the patient has an immunodeficiency that would disqualify him/her from the AIDS case definition. Select **Yes**, **No**, or **Unk.** (unknown).

[Figure 4](#) shows an example of sections VII and VIII of the CDC Form.

Figure 4 – Sections VII and VIII of the CDC Form

The screenshot displays the CDC Form interface. On the left, a sidebar lists CDC parameter groups, with 'VII. STATE/LOCAL USE ONLY' and 'VIII. CLINICAL STATUS' highlighted. The main form area is divided into two sections:

VII. STATE/LOCAL USE ONLY

Physician: [Text Field] [Select] Medical Record No.: [Text Field]
 Phone: [Text Field]
 Hospital: [Text Field]
 Person Completing Form: [Text Field] Phone: [Text Field]

VIII. CLINICAL STATUS

CLINICAL RECORD REVIEWED ☐ Yes ☐ No

ENTER DATE PATIENT WAS DIAGNOSED AS: MM/YY

Asymptomatic (including acute retroviral syndrome and persistent generalized lymphadenopathy): [Text Field]
 Symptomatic (not AIDS): [Text Field]

AIDS INDICATOR DISEASES

Candidiasis, bronchi, trachea, or lungs	<input type="checkbox"/> Def.	[Text Field]
Candidiasis, esophageal	<input type="checkbox"/> Def. <input type="checkbox"/> Pres.	[Text Field]
Carcinoma, invasive cervical	<input type="checkbox"/> Def.	[Text Field]
Coccidioidomycosis, disseminated or extrapulmonary	<input type="checkbox"/> Def.	[Text Field]
Cryptococcosis, extrapulmonary	<input type="checkbox"/> Def.	[Text Field]
Cryptosporidiosis, chronic intestinal (> 1 month duration)	<input type="checkbox"/> Def.	[Text Field]
Cytomegalovirus disease (other than in liver, spleen or nodes)	<input type="checkbox"/> Def.	[Text Field]
Cytomegalovirus retinitis (with loss of vision)	<input type="checkbox"/> Def. <input type="checkbox"/> Pres.	[Text Field]
HIV encephalopathy	<input type="checkbox"/> Def.	[Text Field]
Herpes simplex: chronic ulcer(s) (> 1 mo duration); or bronchitis, pneumonitis, or esophagitis	<input type="checkbox"/> Def.	[Text Field]

SECTION IX – TREATMENT/SERVICES REFERRALS (OPTIONAL)

This section of the CDC report is optional.

Use the applicable checkboxes to indicate whether the patient has been informed of his/her HIV infection. Select **Yes**, **No**, or **Unk.** (unknown).

Use the applicable checkboxes to indicate whether the patient's partners will be notified about HIV exposure and the resource that will be used to provide counseling

Use the applicable checkboxes to indicate the types of services to which the patient has been referred or is receiving.

Use the applicable checkboxes to indicate whether or not the patient is receiving or has received anti-retroviral therapy and/or PCP prophylaxis.

Use the applicable checkboxes to indicate whether or not the patient has been enrolled in a clinical trial and whether the clinical trial is NIH sponsored.

Use the applicable checkboxes to indicate whether or not the patient has been enrolled in a clinic and whether the clinic is HRSA sponsored.

Use the applicable checkbox to indicate the primary source of reimbursement for the patient's treatment.

The subsection entitled, "**FOR WOMEN**," allows you to enter information specific to female patients. This subsection will be deactivated for male patients.

Use the applicable checkboxes to indicate whether or not the patient is receiving or has been referred to gynecological services, is currently pregnant, and/or has delivered live born infants.

The date of the child's birth will automatically populate with the current date. Use the pop-up calendar to select the date of the child's birth other than the current date. Type the name of the hospital at which the child was born, the city and state in which the hospital is located, the child's Soundex and Patient Number in the fields provided.

[Figure 5](#) shows an example of section IX of the CDC Form.

Figure 5 – Section IX of the CDC Form

CDC

Group Titles Zoom In Zoom Out Fit Width Zoom 1:1 AutoFit Print Print Blank Save Close

CDC parameter groups

I. STATE/LOCAL USE ONLY
II. DATE FORM WAS COMPLETED
III. DEMOGRAPHIC INFORMATION
IV. FACILITY OF DIAGNOSIS
V. PATIENT HISTORY
VI. LABORATORY DATA
VII. STATE/LOCAL USE ONLY
VIII. CLINICAL STATUS
IX. TREATMENT/SERVICES REFERRALS (OPTIONAL)
X. COMMENTS

IX. TREATMENT/SERVICES REFERRALS (OPTIONAL)

Has his patient been informed of his/her HIV infection? ☐ Yes ☐ No ☐ Unk.

This patient's (arents will be notified about HIV exposure and counseled by: ☐ Health department ☐ Patient
☐ Physician/Provider ☐ Unk.

This Patient is receiving or has been referred for:

HIV related medical services ☐ Yes ☐ No ☐ Unk.

Substance abuse treatment services ☐ Yes ☐ No ☐ NA ☐ Unk.

This patient received or is receiving:

Anti-retroviral therapy ☐ Yes ☐ No ☐ Unk.

PCP prophylaxis ☐ Yes ☐ No ☐ Unk.

This patient has been enrolled at:

Clinical Trial ☐ NIH-sponsored ☐ Other ☐ None ☐ Unk.

Clinic ☐ HRSA-sponsored ☐ Other ☐ None ☐ Unk.

This patient's medical treatment is PRIMARILY reimbursed by:

☐ Medicaid ☐ Private insurance/HMO ☐ No coverage ☐ Other public Funding
☐ Clinical trial/government program ☐ Unknown

FOR WOMEN:

This patient is receiving or has been referred for gynecological services ☐ Yes ☐ No ☐ Unk.

Is this patient currently pregnant? ☐ Yes ☐ No ☐ Unk.

Has this patient delivered live born infants? ☐ Yes ☐ No ☐ Unk.

If delivered after 1977, provide birth information for the most recent birth: Child's Date of Birth: 8/13/2003
Hospital of birth: Child's Surname:
City: State: Child's State Patient No.:

SECTION X – COMMENTS

Type your comments in the field provided.

The **Comments** field can accommodate **300** characters.

[Figure 6](#) shows an example of section X of the CDC Form.

Figure 6 – Section X of the CDC Form

The screenshot displays the CDC Form interface. On the left, a sidebar lists CDC parameter groups: I. STATE/LOCAL USE ONLY, II. DATE FORM WAS COMPLETED, III. DEMOGRAPHIC INFORMATION, IV. FACILITY OF DIAGNOSIS, V. PATIENT HISTORY, VI. LABORATORY DATA, VII. STATE/LOCAL USE ONLY, VIII. CLINICAL STATUS, IX. TREATMENT/SERVICES REFERRALS (C), and X. COMMENTS. The main form area is titled 'Form' and includes a 'Preview' button. It contains several sections of checkboxes for medical services and patient history. The 'FOR WOMEN' section includes checkboxes for gynecological services, pregnancy, and live born infants, followed by birth information fields. At the bottom, there is a large text area for 'X. COMMENTS'.

CDC parameter groups

- I. STATE/LOCAL USE ONLY
- II. DATE FORM WAS COMPLETED
- III. DEMOGRAPHIC INFORMATION
- IV. FACILITY OF DIAGNOSIS
- V. PATIENT HISTORY
- VI. LABORATORY DATA
- VII. STATE/LOCAL USE ONLY
- VIII. CLINICAL STATUS
- IX. TREATMENT/SERVICES REFERRALS (C)
- X. COMMENTS

Form | Preview | Preview (page 2)

HIV related medical services ☐ Yes ☐ No ☐ Unk.

Substance abuse treatment services ☐ Yes ☐ No ☐ NA ☐ Unk.

This patient received or is receiving:

Anti-retroviral therapy ☐ Yes ☐ No ☐ Unk.

PCP prophylaxis ☐ Yes ☐ No ☐ Unk.

This patient has been enrolled at:

Clinical Trial ☐ NIH-sponsored ☐ Other ☐ None ☐ Unk.

Clinic ☐ HRSA-sponsored ☐ Other ☐ None ☐ Unk.

This patient's medical treatment is PRIMARILY reimbursed by:

☐ Medicaid ☐ Private insurance/HMO ☐ No coverage ☐ Other public Funding
☐ Clinical trial/government program ☐ Unknown

FOR WOMEN:

This patient is receiving or has been referred for gynecological services ☐ Yes ☐ No ☐ Unk.

Is this patient currently pregnant? ☐ Yes ☐ No ☐ Unk.

Has this patient delivered live born infants? ☐ Yes ☐ No ☐ Unk.

If delivered after 1977, provide birth information for the most recent birth

Child's Date of Birth: 8/13/2003

Hospital of birth:

Child's Surname:

City: State: Child's State Patient No.:

X. COMMENTS

Reports

A key benefit of the CCR: ICR is its reporting capability. Reports are generated from the **ICR Reports** window.

From the **ICR Reports** window, you can select the specific reporting options for the selected report and schedule a date and time for the report to run. After the report is generated, you can view, save, and print the report from the **Task Manager** tab.

ICR Reports Window

The **ICR Reports** window is the window from which you can select the specific parameters and criteria used to generate the selected report. The **ICR Reports** window can be displayed in a single pane, or 2-pane mode. When the **ICR Reports** window is accessed from the **Report menu**, **Report List menu option**, or the **New Report button**, it is displayed in the 2-pane mode.

The left pane displays the **Report List** from which you can select the report to run. The right pane displays the reporting criteria that you can select for the report. Initially, the default selected report is the first report on the Report List. After that, each time the ICR Reports window is open during the session, the previous report selection is restored. You can hide or display the Report List by clicking the **Show\Hide Report List** button.

Accessing the ICR Reports Window

You can access the **ICR Reports** window using the following methods:

- Reports Menu
- New Report button from the Task Manager tab
- New Report option from the right-click menu
- Reports Menu, Report List menu option

Reports Menu

The **Reports menu** displays the list of reports that are available to you. When you select a report from the list, a secondary **ICR Reports** window displays the specific parameters and criteria that you can select to generate the report.

New Report Button/New Report Right-Click Menu Option

From the **Task Manager** tab display, you can access the ICR Reports window by clicking the **New Report button** or selecting the **New Report option** from the right-click menu.

When you click the **New Report** button or menu option, a secondary **ICR Reports** window displays two panes. The left-side pane, under the heading, **Report List**, is a list of the reports that are available to you. From the **Report List**, you can select the report to generate. The selected report is identified with an

arrow. The right-side pane displays the specific parameters and criteria that you can select to generate the report.

Reports Menu, Report List Menu Option

From the **Reports** menu option, you can select the **Report List** option. This option provides you with an alternate method of generating reports.

When you select this option, a secondary **ICR Reports** window displays two panes. The left-side pane, under the heading, **Report List**, is a list of the reports that are available to you. From the **Report List**, you can select the report to generate. The selected report is identified with an arrow. The right-side pane displays the specific parameters and criteria that you can select to generate the report.

Generating ICR Reports

1. From the **ICR Reports** window, or from the **Reports** menu, select the report you want to generate.

The **ICR Reports** window will display the specific reporting criteria selections for the selected report.

2. Select the **Date Range** parameter, if applicable, for the selected report.

For more information about selecting the **Date Range** parameter for the report, refer to the [Date Range Parameters](#) topic.

3. Select the appropriate **Include Patients Added to the Registry** checkbox(es) to include patients who were added to the registry before, during, and/or after the selected date range, or a combination of the three.

For more information about selecting the **Include Patients Added to the Registry** checkbox(es) for the report, refer to the [Include Patients Added to the Registry Checkboxes](#) topic.

4. Use one or both of the **Clinical Status** checkboxes provided to indicate the clinical status(es) of patients to include in the report. You can include patients who are HIV+ and have not had an AIDS-OI, patients who have had an AIDS-OI, or both by selecting the applicable checkbox(es).

For more information about selecting the **Clinical Status** checkbox(es) for the report, refer to the [Clinical Status Checkboxes](#) topic.

5. Use the **Schedule to Run on** parameters to select the date and time on which to schedule the report to run.

NOTE: The default value is the current date and time – i.e., if no other date and time are specified the report will begin running immediately.

Some of the CCR: ICR reports require little processing and can quickly retrieve and display the data for the selected report. However, some CCR: ICR reports require more processing time and should be scheduled to run during a date and time when the VistA server resources are not being used as heavily.

6. Select **Repeat** schedule (if any)

NOTE: You can schedule a report to run at intervals of one day [1D] or one month [1M] from the first time it runs, or to run on the first of each month at 4:00 AM [1M(1@4AM)]. If no repeated reporting is required, leave the field blank.

7. Select the additional criteria specific to the selected report that you want to include.

NOTE: Refer to the [ICR Reports](#) section for detailed information regarding each of the ICR reports.

8. Click the **Run** button to request the report.

The **Task Manager** tab will display the reports that are requested by you. If the report is scheduled to run in the future, the date and time the report is scheduled to run will be displayed in the **Scheduled** column. The **Status** column will display the status of the report being run. The **Progress** column will display the progress of the report as a percentage of completion.

When the report is ready, the system will send a VistA alert to the requesting user.

The generated report will be displayed in **Task Manager** for two weeks. After two weeks, the system will automatically delete the report from the list. You can access the report at any time during the two-week window to view, sort, print, delete, and/or save the report to an alternate location. Refer to the section entitled, "[Managing Reports from Task Manager](#)," for more information.

Date Range Parameters

With the exception of the **Current Inpatient List** report, all of the **ICR Reports** allow you to select the following **Date Range** parameters from the **ICR Reports** window. The **Date Range** parameters determine the window of time from which to capture the data for the report.

The following topics describe the available Data Range Parameters.

Year

Type the four digit year in **YYYY** format.

The **Year** Date Range parameter will include all relevant data within the selected calendar year, January 1, through December 31, on the report.

The **Fiscal** checkbox will include all relevant data within the selected fiscal year, October 1, through September 30, on the report.

Quarter

Select one of the quarters (I – IV) from the drop-down list.

Used with the Year Date range Parameter, the Quarter Date Range Parameter allows you to include on the report only relevant data within the selected quarter of the selected year. The appropriate date range is automatically selected for calendar or fiscal quarters.

Custom

Use the **Custom Date** Range parameter to include on the report only relevant data within a selected date range inclusive of the selected beginning and end dates of the date range.

Type, or select from the pop-up calendar, the beginning date of the date range in the left-side field. Type, or select from the pop-up calendar, the end date of the date range in the right-side field.

Use the arrow button (<<) located next to the left-side field to automatically set the date field to 12/30/1899 to include all data.

Use the (>>) located next to the right-side field to set the date field to the current date.

Cut Off

Using digits and **W** and **M** keys, the **Cutoff** option allows you to define a window of time from the current date minus a selected number of days, weeks, or months. Only relevant data within this window of time will be included on the report.

For example, if you type 20 in the **Cut Off** field, the system will include relevant data from the last 20 days through the current day on the report. Or, if you type 30W in the **Cut Off** field, the system will include data from the last 30 weeks through the current day. Lastly, if you type 2M in the **Cut Off** field, the system will include data from the last two months through the current day.

Date Range Warning Prompt

If the date/time parameters are not selected for the report, a **Warning** will prompt you to check the Report Period parameters when you click the **Run** button. For example, if a Quarter is selected but no Year you will be warned that the Year or Quarter value is not valid.

Include Patients Added to the Registry Checkboxes

With few exceptions, most of the **ICR Reports** allow you to include on the report output the patients who were added to the registry before, during, and/or after the selected date range by selecting one or more of the checkboxes provided. An error message will display if no checkbox is selected.

Clinical Status Checkboxes

With few exceptions, most of the **ICR Reports** allow you to include on the report output patients who have a specific **Clinical Status**. Use the checkboxes provided to include patients who are HIV+ and have not had an AIDS-OI, patients who have had an AIDS-OI, or both. If neither checkbox is selected, an error message will be displayed.

Scheduling a Report

Use the **Scheduled to Run on** section of the **ICR Reports** window for the selected report to set the date, time, and frequency to run the selected report.

1. Type, or select from the pop-up calendar, the date on which you want to report to run.
2. Select the time at which you want the report to run on the selected date. Click the hour in the time field, and then use the arrow buttons to select the hour. Repeat this process for the minutes, seconds, and AM/PM selections.
3. Select the frequency on which you want the selected report to run from the **Repeat** drop-down list.

If the Repeat field is empty, the selected report will run once. Select the **1D** option from the drop-down list to run the report once each day at the selected time. Select the **1M** option to run the report monthly on the same date each month. Select the **1M(1@4AM)** option to run the report on the first day of each month at 4AM. When using this option, to prevent the report from running immediately, the future date of the report must also be entered.

NOTE: Ensure that the date selected for monthly recurring reports occurs in each subsequent month. For example, the 31st does not occur in every month; therefore a monthly recurring report that is set to run on the 31st will not be produced for months that have 30 or fewer days.

Discontinuing a Scheduled Report

If a report that is scheduled to run repeatedly at specified intervals is no longer needed, you can discontinue running the report in the future by performing the following steps:

1. From the **Task Manager** tab display select the entry for the next date and time the report is scheduled to run.
2. Click the **Delete** button, or select Delete from the right-click menu.

A confirmation dialog will display.

3. Click **Yes**.

The scheduled report will be discontinued.

ICR Reports

The ICR provides the following reports:

- [ARV Combination Report](#)
- [Clinic Follow Up](#)
- [Combined RX and Lab Report](#)
- [Current Inpatient List](#)
- [Diagnosis Code Report](#)
- [General Utilization and Demographics](#)
- [HIV Viral Load and CD4 by Range](#)
- [Inpatient and Outpatient Utilization](#)
- [Lab Utilization](#)
- [List of Registry Patients](#)
- [Patient Drug History](#)
- [Pharmacy Prescription Utilization](#)
- [Radiology Utilization](#)
- [VERA Reimbursement Report](#)

ARV Combination Report

To generate this report, the system checks all ICR patients' Outpatient and/or Inpatient pharmacy files for any records of any medications that are listed in the ROR GENERIC DRUG file (#799.51), the LOCAL DRUG NAME multiple of the ROR REGISTRY PARAMETERS file (#798.1). The drugs listed in this file include the **ARV Group** encompassing the national **Generic** ARV Drugs and any **Local** ARV Drugs specified with the [Edit Site Parameters, ARV Drugs tab](#), and any generic drugs associated with the Investigational HIV drug class (IN150) being dispensed during the selected date range.

Patients are then grouped by the specific drug combination that they received within the selected time frame. You can select a **Complete** or **Summary** report.

Include Patients Added to the Registry

Use the appropriate checkboxes to display on the report those patients that were added before, during, and/or after the selected date range, or any combination of the three.

Clinical Status

Use one or both of the checkboxes provided to indicate the clinical status(es) to display on the report. You can include patients who are HIV+ and who have not had an AIDS-OI, patients who have had an AIDS-OI, or both by selecting the applicable checkbox(es). If neither checkbox is selected, an error message will be displayed.

Activity

Use the checkboxes provided to include inpatient prescriptions, outpatient prescriptions, or both on the report.

Report Type

Select either the **Complete** option or **Summary** option to determine the type of report to generate.

The **Complete** report lists, by name, the patients that received each drug combination listed by VA generic name. The report format includes name, SSN (last 4), and AIDS-OI (Yes or No) for each patient.

The **Summary** report lists the drug combination by VA generic name and the number of unique patients that received the drug combination during the selected time period.

Drugs

Use the **Investigational Drugs** checkbox to include prescriptions written for Investigational HIV class (IN150) drugs on the report.

The following screen capture shows the ICR Reports window for the **ARV Combination** report:

The screenshot shows a software window titled "ICR Reports" with a blue title bar. Inside the window, there is a section titled "ARV Combination Report". The interface includes several configuration options:

- Date Range:** Includes radio buttons for "Year", "Quarter", "Custom", and "Cut Off". The "Year" option is selected. There are input fields for dates, with "2/ 6/2004" entered in the "Custom" field. A "Fiscal" checkbox is also present.
- Scheduled to Run on:** Includes dropdown menus for "Day" (set to "2/ 6/2004"), "Time" (set to "2:09:13 PM"), and "Repeat".
- Include patients added to the registry:** Includes checkboxes for "Before the date range", "During the date range", and "After the date range", all of which are checked.
- Clinical Status:** Includes checkboxes for "HIV+ (no AIDS OI)" and "AIDS OI", both of which are checked.
- Activity:** Includes checkboxes for "Inpatient" and "Outpatient", both of which are checked.
- Report Type:** Includes radio buttons for "Complete" and "Summary". "Complete" is selected.
- Drugs:** Includes a checkbox for "Investigational Drugs", which is unchecked.

At the top right of the window, there are "Run" and "Cancel" buttons.

Report Output

The **ARV Combination Report** includes: patient name, last four digits of the patient's SSN, and AIDS-OI (Yes or No).

The following screen capture shows the **ARV Combination** report:

ARV Combination Report

Registry: VA ICR
Start Date: 12/30/1899
End Date: 02/06/2004
Patients: Added during the date range, Both Inpatients and Outpatients, Both HIV+ (no AIDS OI) and AIDS OI
Options: Complete Report
Drugs: Include Investigational Drugs

Report Created: 02/06/2004@12:40
Task Number: 521098
Last Registry Update: 01/01/1985
Last Data Extraction: 01/01/1985

This report contains confidential patient information and must be handled in accordance with established policies.

Number of Patients	Combination of Drugs		
	Patient Name	SSN	AIDS OI
2	ABACAVIR		
	PATIENT 23	5688	Yes
	PATIENT 1	9999	No

Done | 10.3.29.201 @ 9100 | ROR,DEMOUSER

Clinic Follow Up Report

The **Clinic Follow Up** report displays a list of living ICR patients who were or were not seen in selected clinics, and/or received any care during the selected date range selected.

Include Patients Added to the Registry

Use the appropriate checkboxes to display on the report those patients that were added before, during, and/or after the selected date range, or any combination of the three.

Clinical Status

Use one or both of the checkboxes provided to indicate the clinical status(es) to display on the report. You can include patients who are HIV+ and who have not had an AIDS-OI, patients who have had an AIDS-OI, or both by selecting the applicable checkbox(es). If neither checkbox is selected, an error message will be displayed.

Patients Checkboxes

Use the **Patients** checkboxes provided to apply the following options to the report:

- **Seen in Selected Clinics** checkbox will include only those patients seen at all clinics or the selected clinics in the selected date range.
- **Not Seen in Selected Clinics** checkbox will include only those patients not seen at all clinics or the selected clinics in the selected date range.
- **Only Patients who have received care during the date range** checkbox will limit the report to include only patients that have received some care of any type (clinic visit, inpatient stay, pharmacy refill, etc.) during the selected date range. If this checkbox remains unchecked, the report will check all living patients in the registry against the selected or all clinics.

Options – Include Summary

There is an **Include Summary** checkbox to include/exclude the summary number table in the report output. It is selected by default.

Clinics

Select the **Include All** checkbox to select all clinics for the report.

To specify particular clinics, first click the **Selected only** checkbox to activate the Clinic selector windows. Type the full or partial name of the clinic. When it is displayed in the left pane, select it and click the right arrow to move it to the right pane. Repeat this procedure until all desired clinics are selected and appear in the right pane.

To remove a selected clinic, highlight the name of the clinic in the right pane and click the left arrow button.

Using the Clinical Follow Up Report Options

When the **Seen in selected clinics** and **Include All** options are selected, the report will include any patients that had an outpatient encounter in any clinic within the specified date range.

When the **Seen in selected clinics** and **Selected only** options are selected, the report will include any patients that had an outpatient encounter in one or more of the specified clinics within the specified date range.

When the **Not seen in selected clinics** and **Selected only** options are selected, the report will include patients who did not have an outpatient encounter in the specified clinics within the specified time range.

When the **Not seen in selected clinics**, **Only patients who have received any care during the date range** and **Include All** , options are selected, the report will include patients who did not have an outpatient encounter in any clinic during the specified time range but who did have some other health care utilization within the specified time range.

The following screen capture shows the **ICR Reports** window for the **Clinic Follow Up** report:

ICR Reports

Run Cancel

Clinic Follow Up

Date Range

☒ Year ☐ Fiscal

☐ Quarter

☐ Custom 2/ 6/2004 << 2/ 6/2004 >>

☐ Cut Off

Scheduled to Run on

Day 2/ 6/2004

Time 2:07:48 PM

Repeat

Include patients added to the registry

☒ Before the date range ☒ During the date range ☒ After the date range

Clinical Status

☒ HIV+ (no AIDS OI) ☒ AIDS OI

Patients

☒ Seen in selected clinics

☐ Not seen in selected clinics

☐ Only patients who have recieved any care during the date range

Options

☒ Include summary

Clinics

☒ Include All

☐ Selected only

Name

Name

Report Output

The **Clinic Follow Up Report** includes: patient name, last four digits of the patient's SSN, AIDS-OI (Yes or No), Seen (Yes or No), and Last Seen Date. The Last Seen Date lists the most recent date the patient had an outpatient encounter in the selected clinics (or all clinics) not limited to the selected date range.

Summary

A summary will be appended to the report if the **Include Summary** checkbox is selected. The summary will present a count of the unique patients that met the report criteria.

The following screen capture shows the **Clinic Follow Up** report:

Clinic Follow Up

Registry: VA ICR

Start Date: 12/30/1899

End Date: 02/06/2004

Patients: Added on any date, Both Seen and Not Seen, Both HIV+ (no AIDS OI) and AIDS OI, Treated Only

Options: Summary

Clinics: ALL

Report Created: 02/06/2004@12:00

Task Number: 521089

Last Registry Update: 01/01/1985

Last Data Extraction: 01/01/1985

This report contains confidential patient information and must be handled in accordance with established policies.

#	Patient Name	SSN	AIDS OI	Seen	Last Seen Date
1	PATIENT 12	2767P	Yes	Yes	02/05/2004
2	PATIENT 6	7571	No	Yes	11/20/2000
3	PATIENT 25	2550P	No	Yes	01/10/2000
4	PATIENT 23	5688	Yes	Yes	02/05/2002
5	PATIENT 8	0999	No	Yes	04/05/1999
6	PATIENT 11	5656	No	No	
7	PATIENT 1	9999	No	Yes	10/16/2003
8	PATIENT 7	3333	No	Yes	11/21/2001
9	PATIENT 5	1234	No	Yes	03/27/2002
10	PATIENT 16	7894	No	Yes	07/19/2000
11	PATIENT 9	0987	No	No	
12	PATIENT 4	9287	No	Yes	04/26/2001
13	PATIENT 17	0148P	No	No	
14	PATIENT 18	1298	No	Yes	02/24/2003

Summary

Item	Count
AIDS OI	2
HIV+ (no AIDS OI)	12
Not Seen	3
Seen	11

Combined RX and Lab Report

The **Combined RX and Lab Report** provides a list of patients in the registry who received specific medication and/or specific laboratory tests within a specified date range. This report can be run for pharmacy alone, laboratory alone or both.

Include Patients Added to the Registry

Use the appropriate checkboxes to display on the report those patients that were added before, during, and/or after the selected date range, or any combination of the three.

Clinical Status

Use one or both of the checkboxes provided to indicate the clinical status(es) to display on the report. You can include patients who are HIV+ and who have not had an AIDS-OI, patients who have had an AIDS-OI, or both by selecting the applicable checkbox(es). If neither checkbox is selected, an error message will be displayed.

Report Type

Use the checkboxes provided to specify if the report is for pharmacy, laboratory, or both.

Pharmacy

If the report is run for Pharmacy alone, you select only medications. The medications are grouped and can be either from the dispensed or generic drug files. The system performs an “OR” logical operation on all medications within each group, and an “AND” logical operation between groups. For example, if you want to know which patients were on either drug A *or* drug B, you would put drug A and drug B in the same group. However if you want to know which patients were on drug A *and* drug B, then you would put drug A in one group and drug B in another group.

NOTE: If you check Pharmacy and do not specify at least one medication, the report will be blank. If no patients received the specified medication(s) during the specified date range, the report will be blank.

Laboratory

If the report is run for Laboratory alone, you select only laboratory tests. The processing will check all patients on the registry to see if they have received any of the specified lab tests within the specified date range.

Both Pharmacy and Laboratory

If both Pharmacy and Laboratory are selected, then only patients that received the specified medication(s) will be passed to the laboratory processing to determine whether they have received the specified labs. If no patients received the specified medication(s) during the specified date range, the report will be blank. If the specified lab test was not performed on any patients receiving the specified medication during the specified date range, the report will be blank.

Drugs Groups

Drugs can be grouped into several groups. You can select drugs from either the generic or dispensed drug file.

To add drugs to a group:

1. Use the **Aggregate By** option buttons to aggregate the drugs by dispensed or generic in the report output.
2. Type at least the first two characters of the name of the drug(s) you want to include in the group and press the Enter key.

The left-side pane will list the drugs whose names match the search criteria.

3. Select the drug name from the left-side pane and click the right arrow to move the selected drug to the right-side pane.
4. Click the “**Plus**” button to create a group in the right-side pane or select an existing group to which to add the drugs.
5. Repeat steps 2 -4 as necessary until you have created your desired groups.

NOTE: The drug groups will not be saved after the report is run.

Lab Tests

To select all lab tests, click the **Include All** checkbox.

To specify particular lab tests, click the **Selected only** checkbox to activate the Lab selector windows. Type the full or partial name of the lab test. When the desired lab test is displayed in the left pane, select it and click the right arrow to move it to the right pane. Repeat this procedure until all desired lab tests are selected and appear in the right pane.

To remove a selected lab test, highlight the lab test in the right pane and click the left arrow button.

The following screen capture shows the ICR Reports window for the **Combined RX and Lab** report:

ICR Reports

Combined RX and Lab Report

Date Range

☐ Year
☐ Quarter
☒ Custom
☐ Cut Off

9/28/2003 << 2/ 6/2004 >>

☐ Fiscal

Scheduled to Run on

Day: 2/ 6/2004
 Time: 1:56:51 PM
 Repeat:

Include patients added to the registry

☐ Before the date range
☒ During the date range
☐ After the date range

Clinical Status

☒ HIV+ (no AIDS OI)
☒ AIDS OI

Report Type

☒ Pharmacy
☒ Laboratory

Drugs

Groups

Name: GEFITINIB, GELATIN, GELATIN, ABSORBABLE, GELATIN/GLYCERIN/KA..., GELCLAIR

Group: ANAGRELIDE (3441), ANASTROZOLE (3323), ANDROSTENEDIONE (3867), ANAKINRA (3730), ANATUSS (1559)

Aggregate By

☒ Generic Drugs
☐ Dispensed Drugs

Lab Tests

☒ Include All
☐ Selected only

Name:

Name:

Report Output

The **Combined RX and Lab Report** provides two sections. The upper section, entitled, “Drugs,” includes: patient name, last four digits of the patient’s SSN, AIDS-OI (Yes or No), and the drug name(s) for selected drugs given within the specified date range.

The lower section, entitled, “Lab Results,” displays the patient’s name, the last four digits of the patient’s SSN, AIDS-OI (Yes or No) and the dates, test names, and results of the specified lab tests within the specified date range.

You can click on underlined patient name to switch between pharmacy and laboratory parts of the report for this particular patient.

The following screen capture shows the **Combined RX and Lab report**:

Combined RX and Lab Report	
Registry: VA ICR Start Date: 01/01/1999 End Date: 12/31/1999 Patients: Added on any date, Both HIV+ (no AIDS OI) and AIDS OI Options: Both Pharmacy and Lab Data Drugs: Generic Drugs <div style="margin-left: 20px;"> Drug Group #1 PODOFILOX, PODOPHYLLIN, POISON IVY EXTRACT, POISON IVY/POISON OAK/POISON SUMAC, POLIOVIRUS VACCINE Drug Group #2 POLYCOSE, POLYESTRADIOL, POLYETHYLENE GLYCOL, POLYETHYLENE GLYCOL 1000, POLYETHYLENE GLYCOL 3350, POLYETHYLENE GLYCOL 400, POLYETHYLENE GLYCOL 400/POLYETHYLENE GLYCOL 3350, POLYETHYLENE GLYCOL 400/POLYETHYLENE GLYCOL 4000, POLYETHYLENE GLYCOL 8000, POLYETHYLENE GLYCOL/POLYVINYL ALCOHOL Drug Group #3 POLYMYXIN B, POLYMYXIN B/TRIMETHOPRIM, POLYSILOXENE, POLYSORBATE, POLYTHIAZIDE, POLYTHIAZIDE/PRAZOSIN, POLYTHIAZIDE/RESERPINE, POLYVINYL ALCOHOL, POLYVINYL ALCOHOL/POVIDONE, POLYVINYL ALCOHOL/POVIDONE/SODIUM CHLORIDE, POLYVINYL ALCOHOL/SODIUM CHLORIDE, POLYVINYL ALCOHOL/THIMEROSAL, PONARIS, PORACTANT ALFA, PORFIMER SODIUM, POTASSIUM, POTASSIUM ACETATE, POTASSIUM ACETATE/POTASSIUM BICARBONATE/POTASSIUM CITRATE, POTASSIUM BENZOATE/BICARBONATE/CARBONATE/CHLORIDE, POTASSIUM BICARBONATE, POTASSIUM BICARBONATE/POTASSIUM CHLORIDE, POTASSIUM BICARBONATE/POTASSIUM CHLORIDE/POTASSIUM CITRATE, POTASSIUM BICARBONATE/POTASSIUM CITRATE, POTASSIUM BICARBONATE/SODIUM BICARBONATE, POTASSIUM BITARTRATE, POTASSIUM BITARTRATE/SODIUM BICARBONATE, POTASSIUM CHLORIDE, POTASSIUM CHLORIDE/POTASSIUM GLUCONATE, POTASSIUM CHLORIDE/POTASSIUM PHOSPHATE/SODIUM BICARBONATE Drug Group #4 POTASSIUM CHLORIDE/SODIUM BICARBONATE, POTASSIUM CHLORIDE/SODIUM CHLORIDE, POTASSIUM CHLORIDE/SODIUM CHLORIDE/SODIUM HYDROXIDE/SODIUM PHOSP, POTASSIUM CHLORIDE/SODIUM CHLORIDE/TROMETHAMINE, POTASSIUM CITRATE, POTASSIUM CITRATE/POTASSIUM GLUCONATE, POTASSIUM CITRATE/SODIUM CITRATE, POTASSIUM GLUCONATE, POTASSIUM GUAIACOLSULFONATE/PROMETHAZINE, POTASSIUM HYDROXIDE, POTASSIUM IODIDE, POTASSIUM IODIDE/THEOPHYLLINE, POTASSIUM NITRATE, POTASSIUM PARA-AMINOBENZOATE, POTASSIUM PARA-AMINOBENZOATE/POTASSIUM SALICYLATE, POTASSIUM PERCHLORATE, POTASSIUM PERMANGANATE, POTASSIUM PHOSPHATE, POTASSIUM PHOSPHATE/SODIUM BIPHOSPHATE/SODIUM PHOSPHATE, POTASSIUM PHOSPHATE/SODIUM PHOSPHATE, POTASSIUM, CHELATED, POUCH, POUCH COVER, POUCH, OSTOMY, POUCH, UROSTOMY, POVIDONE, POVIDONE IODINE, PODOFILOX, PODOPHYLLIN, POISON IVY EXTRACT, POISON IVY/POISON OAK/POISON SUMAC, POLIOVIRUS VACCINE, POLYCOSE, POLYESTRADIOL, POLYETHYLENE GLYCOL, POLYETHYLENE GLYCOL 1000, POLYETHYLENE GLYCOL 3350, POLYETHYLENE GLYCOL 400, POLYETHYLENE GLYCOL 400/POLYETHYLENE GLYCOL 3350, POLYETHYLENE GLYCOL 400/POLYETHYLENE GLYCOL 4000, POLYETHYLENE GLYCOL 8000, POLYETHYLENE GLYCOL/POLYVINYL ALCOHOL, POLYMYXIN B, POLYMYXIN B/TRIMETHOPRIM, POLYSILOXENE, POLYSORBATE, POLYTHIAZIDE, POLYTHIAZIDE/PRAZOSIN, POLYTHIAZIDE/RESERPINE, POLYVINYL ALCOHOL, POLYVINYL ALCOHOL/POVIDONE, POLYVINYL ALCOHOL/POVIDONE/SODIUM CHLORIDE, POLYVINYL ALCOHOL/SODIUM CHLORIDE, POLYVINYL ALCOHOL/THIMEROSAL, PONARIS, PORACTANT ALFA, PORFIMER SODIUM, POTASSIUM, POTASSIUM ACETATE, POTASSIUM ACETATE/POTASSIUM BICARBONATE/POTASSIUM CITRATE, POTASSIUM BENZOATE/BICARBONATE/CARBONATE/CHLORIDE, POTASSIUM BICARBONATE, POTASSIUM BICARBONATE/POTASSIUM CHLORIDE, POTASSIUM BICARBONATE/POTASSIUM CHLORIDE/POTASSIUM CITRATE, POTASSIUM BICARBONATE/POTASSIUM CITRATE, POTASSIUM BICARBONATE/SODIUM BICARBONATE, POTASSIUM BITARTRATE, POTASSIUM BITARTRATE/SODIUM BICARBONATE, POTASSIUM CHLORIDE, POTASSIUM CHLORIDE/POTASSIUM GLUCONATE, POTASSIUM CHLORIDE/POTASSIUM PHOSPHATE/SODIUM BICARBONATE Drug Group #5 POVIDONE IODINE, PODOFILOX, PODOPHYLLIN, POISON IVY EXTRACT, POISON IVY/POISON OAK/POISON SUMAC, POLIOVIRUS VACCINE, POLYCOSE, POLYESTRADIOL </div>	Report Created: 02/05/2004@08:59 Task Number: 520864 Last Registry Update: 01/01/1985 Last Data Extraction: 01/01/1985
Lab Tests: PO2; PO2 AT PT. TEMP; PO4; POIKILOCYTOSIS; POLIO VIRUS 1; POLIO VIRUS 2; POLIO VIRUS 3; POLYCHROMASIA; PORPHOBILINOGEN; POTASSIUM; POTASSIUM, STAT	
Drugs	
No data has been found.	
Lab Results	
No data has been found.	

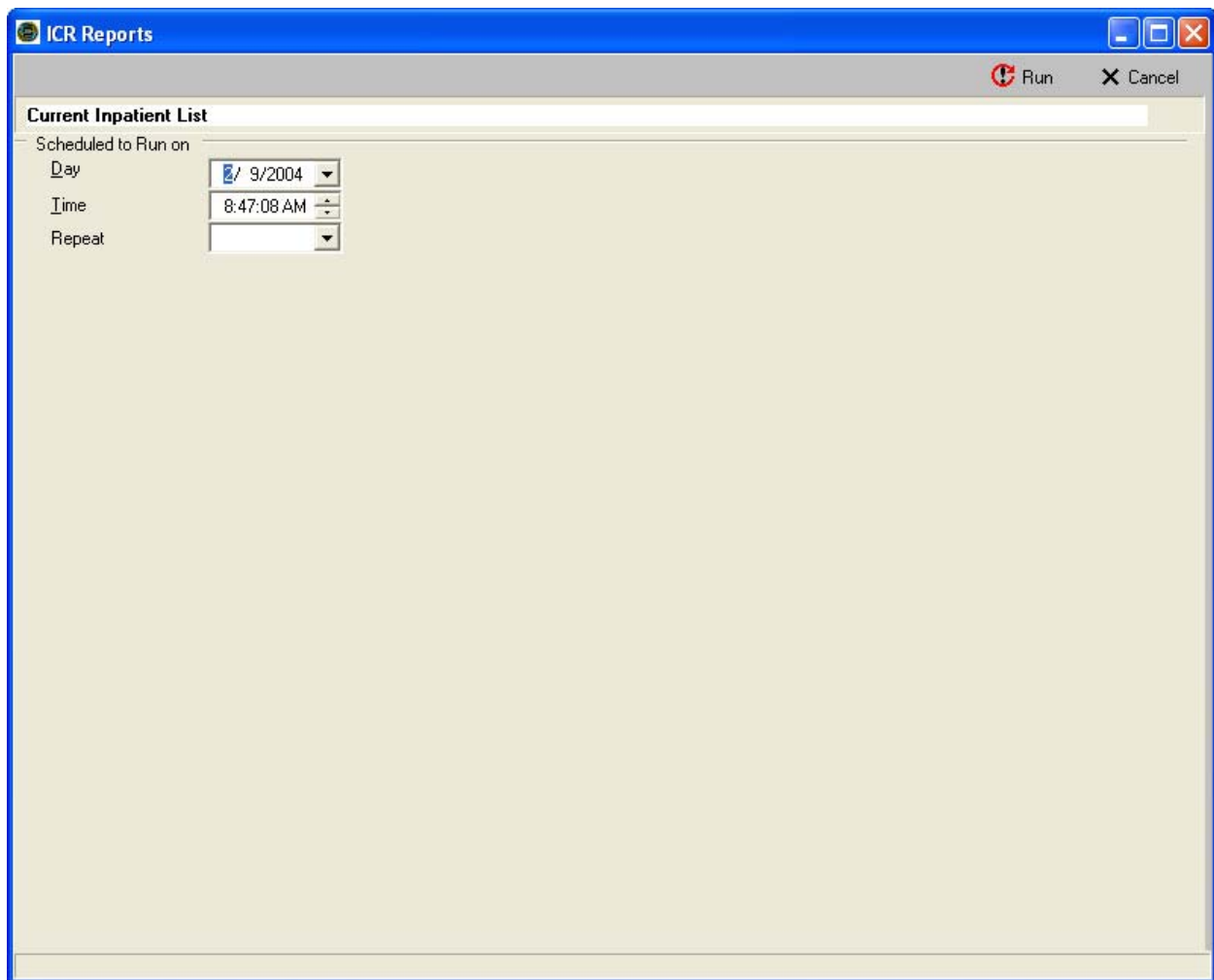
Current Inpatient List Report

The **Current Inpatient List** report lists the names of the inpatients that are active patients in the ICR.

If there are no ICR patients who are currently inpatients, no report will be generated; however, a notification alert will be sent to the requestor of the report.

After selecting this report from the list, you can schedule the report. No additional reporting options are available for this report.

The following screen capture shows the **ICR Reports** window for the **Current Inpatient List** report:



Report Output

The **Current Inpatient List** includes: patient name, last four digits of the patient's SSN, AIDS OI (Yes or No), Ward and Room-Bed.

The following screen capture shows the **Current Inpatient List** report:

Current Inpatient List

Registry: VA ICR

Report Created: 02/09/2004@07:53
Task Number: 521701
Last Registry Update: 01/01/1985
Last Data Extraction: 01/01/1985

This report contains confidential patient information and must be handled in accordance with established policies.

#	Patient Name	SSN	AIDS OI	Ward	Room-Bed
1	PATIENT 6	7571	No	NHCU	130-2
2	PATIENT 25	2550P	No	MICU	MICU-3
3	PATIENT 11	5656	No	6AK	
4	PATIENT 5	1234	No	4D	4D-06
5	PATIENT 9	0987	No	4AS	430-2

Done 10.3.29.201 @ 9100 ROR, DEMOUSER

Diagnosis Code Report

To generate this report, the system searches the Inpatient file, the Outpatient file and Problem list file for ICD-9 codes assigned to any ICR patients within the selected date range.

Include Patients Added to the Registry

Use the appropriate checkboxes to display on the report those patients that were added before, during, and/or after the selected date range, or any combination of the three.

Clinical Status

Use one or both of the checkboxes provided to indicate the clinical status(es) to display on the report. You can include patients who are HIV+ and who have not had an AIDS-OI, patients who have had an AIDS-OI, or both by selecting the applicable checkbox(es). If neither checkbox is selected, an error message will be displayed.

Report Type

The report can be created as a **Summary** or a **Complete** report.

The **Summary** has two sections. The first section lists the number of patients, number of ICD-9 code occurrences and the number of different ICD-9 codes within the selected date range. The second section lists each code, the number of patients that were assigned the code and the number of times the code was assigned to ICR patients within the selected date range.

The **Complete** report displays three sections. The first section and second section are the same as the **Summary** report. The third section lists the patients that received any of the specified ICD-9 codes and the first date the code was filed within the selected date range.

ICD-9

To select all ICD-9 codes, click the **Include All** checkbox.

To specify particular ICD-9 codes, click the **Selected only** checkbox to activate the ICD-9 selector windows. Type the full or initial numbers of the ICD-9 code (You cannot search by text). When the desired ICD-9 code is displayed in the left pane, select it and click the right arrow to move it to the right pane. Repeat this procedure until all desired lab test are selected and appear in the right pane. To select all of the ICD-9 codes displayed in the left pane, click the double right arrow.

To remove an ICD-9 code, highlight the ICD-9 in the right pane and click the left arrow button. To remove all of the ICD-9 codes in the right pane, click the double left arrow.

NOTE: Several resources are available to determine the numbers of the ICD-9 code for specific conditions. Consult with local CPRS support staff for the tools available in your facility.

The following screen capture shows the ICR Reports window for the **Diagnosis Code** report:

The screenshot shows the 'ICR Reports' window with the 'Diagnosis Code Report' selected. The window has a blue title bar and standard Windows window controls. The main area is divided into several sections for configuring the report.

Diagnosis Code Report

Date Range: Includes radio buttons for Year, Quarter, Custom, and Cut Off. The Year option is selected. There are input fields for the date range, with '2/ 9/2004' entered in both. A 'Fiscal' checkbox is also present.

Scheduled to Run on: Includes fields for Day (2/ 9/2004), Time (8:55:08 AM), and Repeat.

Include patients added to the registry: Includes checkboxes for 'Before the date range', 'During the date range', and 'After the date range', all of which are checked.

Clinical Status: Includes checkboxes for 'HIV+ (no AIDS OI)' and 'AIDS OI', both of which are checked.

Report Type: Includes radio buttons for 'Complete' and 'Summary'. 'Complete' is selected.

ICD-9: Includes radio buttons for 'Include All' and 'Selected only'. 'Include All' is selected.

At the bottom, there are two large empty tables with headers 'Code' and 'Diagnosis'. Between the tables are navigation arrows: a right arrow, a left arrow, and a double arrow pointing right.

Report Output

The **Diagnosis Code** report with the **Complete** option selected displays three sections.

The first section displays the number of patients, the number of occurrences of an ICD-9 code, and the number of different ICD-9 codes captured by the selection criteria.

The second section, entitled, “ICD-9 Codes,” displays the ICD-9 code number, diagnosis, number of patients who received that ICD-9 code, and number of occurrences of the code during the specified date range.

The third section, entitled, “Patients,” displays the patient name, last 4 digits of the patient’s SSN, AIDS OI (Yes or No), the ICD-9 codes that met the report criteria, the diagnosis, and the earliest date within the specified date range that the ICD-9 code was assigned to the patient.

NOTE: Data displayed are limited to those codes that occurred during the specified date range. A code in a patient record that appears in the record before or after the specified date range would not be reported on a patient, and a patient who did not have at least one of the specified codes in the record during the specified date range would not appear on the report.

The following screen capture shows the **Diagnostic Code** report with the **Complete** option selected:

Diagnostic Code Report		
Registry: VA ICR Start Date: 01/01/1999 End Date: 12/31/1999 Patients: Added on any date, Both HIV+ (no AIDS OI) and AIDS OI Options: Complete Report		Report Created: 02/05/2004@09:00 Task Number: 520865 Last Registry Update: 01/01/1985 Last Data Extraction: 01/01/1985
ICD-9: 300.00; 300.01; 300.02; 300.09; 300.10; 300.11; 300.12; 300.13; 300.14; 300.15; 300.16; 300.19; 300.20; 300.21; 300.22; 300.23; 300.29; 300.3; 300.4; 300.5; 300.6; 300.7; 300.81; 300.82; 300.89; 300.9; 301.0; 301.10; 301.11; 301.12; 301.13; 301.20; 301.21; 301.22; 301.3; 301.4; 301.50; 301.51; 301.59; 301.6; 301.7; 301.81; 301.82; 301.83; 301.84; 301.89; 301.9; 302.0; 302.1; 302.2; 302.3; 302.4; 302.50; 302.51; 302.52; 302.53; 302.6; 302.70; 302.71; 302.72; 302.73; 302.74; 302.75; 302.76; 302.79; 302.81; 302.82; 302.83; 302.84; 302.85; 302.89; 302.9; 303.00; 303.01; 303.02; 303.03; 303.90; 303.91; 303.92; 303.93; 304.00; 304.000; 304.001; 304.002; 304.003; 304.009; 304.01; 304.010; 304.011; 304.012; 304.013; 304.019; 304.02; 304.020; 304.021; 304.022; 304.023; 304.029; 304.03; 304.030; 304.031; 304.032; 304.033; 304.039; 304.09; 304.10; 304.100; 304.101; 304.102; 304.103; 304.104; 304.105; 304.106; 304.107; 304.108; 304.109; 304.11; 304.110; 304.111; 304.112; 304.113; 304.114; 304.115; 304.116; 304.117; 304.118; 304.119; 304.12; 304.120; 304.121; 304.122; 304.123; 304.124; 304.125; 304.126; 304.127; 304.128; 304.129; 304.13; 304.130; 304.131; 304.132; 304.133; 304.134; 304.135; 304.136; 304.137; 304.138; 304.139; 304.14; 304.15; 304.16; 304.17; 304.18; 304.19; 304.20; 304.21; 304.22; 304.23; 304.30; 304.300; 304.309; 304.31; 304.310; 304.319; 304.32; 304.320; 304.329; 304.33; 304.330; 304.339; 304.39; 304.40; 304.400; 304.401; 304.409; 304.41; 304.410; 304.411; 304.419; 304.42; 304.420; 304.421; 304.429; 304.43; 304.430; 304.431; 304.439; 304.49; 304.50; 304.500; 304.509; 304.51; 304.510; 304.519; 304.52; 304.520; 304.529; 304.53; 304.530; 304.539; 304.59; 304.60; 304.600; 304.609; 304.61; 304.610; 304.619; 304.62; 304.620; 304.629; 304.63; 304.630; 304.639; 304.70; 304.71; 304.72; 304.73; 304.80; 304.81; 304.82; 304.83; 304.90; 304.900; 304.909; 304.91; 304.910; 304.919; 304.92; 304.920; 304.929; 304.93; 304.930; 304.939; 304.99; 305.00; 305.01; 305.02; 305.03; 305.1; 305.10; 305.11; 305.12; 305.13; 305.20; 305.200; 305.209; 305.21; 305.210; 305.219; 305.22; 305.220; 305.229; 305.23; 305.230; 305.239; 305.29; 305.30; 305.300; 305.309; 305.31; 305.310; 305.319; 305.32; 305.320; 305.329; 305.33; 305.330; 305.339; 305.39; 305.40; 305.400; 305.401; 305.402; 305.403; 305.404; 305.405; 305.406; 305.407; 305.408; 305.409; 305.41; 305.410; 305.411; 305.412; 305.413; 305.414; 305.415; 305.416; 305.417; 305.418; 305.419; 305.42; 305.420; 305.421; 305.422; 305.423; 305.424; 305.425; 305.426; 305.427; 305.428; 305.429; 305.43; 305.430; 305.431; 305.432; 305.433; 305.434; 305.435; 305.436; 305.437; 305.438; 305.439; 305.44; 305.45; 305.46; 305.47; 305.48; 305.49; 305.50; 305.500; 305.501; 305.502; 305.503; 305.509; 305.51; 305.510; 305.511; 305.512; 305.513; 305.519; 305.52; 305.520; 305.521; 305.522; 305.523; 305.529; 305.53; 305.530; 305.531; 305.532; 305.533; 305.539; 305.59; 305.6; 305.60; 305.61; 305.62; 305.63; 305.70; 305.700; 305.701; 305.709; 305.71; 305.710; 305.711; 305.719; 305.72; 305.720; 305.721; 305.729; 305.73; 305.730; 305.731; 305.739; 305.79; 305.80; 305.81; 305.82; 305.83; 305.90; 305.900; 305.909; 305.91; 305.910; 305.919; 305.92; 305.920; 305.929; 305.93; 305.930; 305.939; 305.99; 306.0; 306.1; 306.2; 306.3; 306.4; 306.50; 306.51; 306.52; 306.53; 306.59; 306.6; 306.7; 306.8; 306.9; 307.0; 307.1; 307.20; 307.21; 307.22; 307.23; 307.3; 307.40; 307.41; 307.42; 307.43; 307.44; 307.45; 307.46; 307.47; 307.48; 307.49; 307.50; 307.51; 307.52; 307.53; 307.54; 307.59; 307.6; 307.7; 307.80; 307.81; 307.89; 307.9; 308.0; 308.1; 308.2; 308.3; 308.4; 308.9; 309.0; 309.1; 309.21; 309.22; 309.23; 309.24; 309.28; 309.29; 309.3; 309.4; 309.81; 309.82; 309.83; 309.89; 309.9		
Number of Patients	Number of Codes	Number of Different Codes
0	0	0
ICD-9 Codes		
No data has been found.		
Patients		
No data has been found.		

General Utilization and Demographics Report

This report displays groups of demographic data for patients that have utilized health care within a selected date range.

Patients that have been inactivated due to death are included in this report if they utilized health care within the selected date range.

The following data is checked to see if an ICR patient utilized health care between the specified dates:

- **Allergy (A)**
- **Cytopathology (C)**
- **Inpatient Data (I)**
- **Inpatient Pharmacy (IP)**
- **IV Drugs (IV)**
- **Laboratory (L)**
- **Microbiology (M)**
- **Outpatient Clinical Stop (O)**
- **Outpatient Pharmacy (OP)**
- **Radiology (R)**
- **Surgical Pathology (SP)**

Include Patients Added to the Registry

Use the appropriate checkboxes to display on the report those patients that were added before, during, and/or after the selected date range, or any combination of the three.

Clinical Status

Use one or both of the checkboxes provided to indicate the clinical status(es) to display on the report. You can include patients who are HIV+ and who have not had an AIDS-OI, patients who have had an AIDS-OI, or both by selecting the applicable checkbox(es). If neither checkbox is selected, an error message will be displayed.

Report Type

The report can be created as a **Summary** or a **Complete** report.

The **Summary** report lists the summary total tables for the selected **Report Options**.

The **Complete** report lists each patient with utilization during the specified date range and the patient's demographic characteristics selected in the **Report Options**.

Report Options

You can select the following additional columns to be included on the report output by clicking the applicable checkboxes. The following table describes how the selected column fields will be populated:

Field	Source	Description
Race	The Patient file.	Race is categorized as the following: American Indian or Alaska Native, Asian, Black or African American, Declined to answer, Multiple values, No data, Unknown by patient and White.
Risk	Risk comes from the local ICR file and is derived from the responses to the Patient History questions in the Patient Data Editor.	Reported in the risk hierarchy of the CDC.
Age	Age of patients is calculated as of the middle of the specified date range. If a patient died before this date, then the age is calculated as of the date of death.	Age is categorized by decade 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, and 80 and over. The Age summary table also reports average and median age for the selected population.
Sex	The Patient file.	Sex is categorized as Male or Female
Primary Eligibility	The Patient file.	Categorized as it appears in the patient file – Service connected, Non-Service connected, etc, for any condition, not just those that are HIV-specific.
Clinical AIDS Status	The local ICR file.	Categorized as AIDS OI Status (Yes or No)
Reimbursement Level	The local ICR file. Patients are categorized as not on antiretrovirals (NO ARV), on antiretrovirals (ARV), Clinical AIDS (AIDS), and Clinical AIDS on antiretrovirals (AIDS+ARV). Patients who are ARV, AIDS and AIDS+ARV are eligible for complex care reimbursement under current VERA guidelines.	Reimbursement level is categorized as AIDS, AIDS+ARV, ARV and NO ARV
Date Entered	The local ICR file.	Date (MM/DD/YYYY) the patient was

Field	Source	Description
into the Registry		entered into the registry.
Utilization	Utilization describes the types of healthcare utilization the patient has had in the specified date range.	<p>Utilization is categorized as the healthcare resources utilized by the patient.</p> <p>The following values can be displayed:</p> <p>A – Allergy</p> <p>C – Cytopathology</p> <p>I – Inpatient Data</p> <p>IV – IV Drugs</p> <p>L – Laboratory</p> <p>M – Microbiology</p> <p>O – Outpatient Clinic Stop</p> <p>OP Outpatient Pharmacy</p> <p>R – Radiology</p> <p>SP – Surgical Pathology</p>
Living Status (if the patient is dead, the date of death will be displayed)	The Patient File.	Categorized as Alive (Yes) or, if the patient is dead, the date of death will be displayed.

The following screen capture shows the **ICR Reports** window for the **General Utilization and Demographics** report:

The screenshot shows the 'ICR Reports' window with the 'General Utilization and Demographics' report selected. The window has a blue title bar and standard Windows window controls. The main area is divided into several sections for configuring the report.

General Utilization and Demographics

Date Range

- ☒ Year: 2004
- ☐ Quarter: [dropdown]
- ☐ Custom: 2/ 9/2004 << 2/ 9/2004 >>
- ☐ Cut Off: [dropdown]
- ☐ Fiscal

Scheduled to Run on

- Day: 2/ 9/2004
- Time: 8:59:50 AM
- Repeat: [dropdown]

Include patients added to the registry

- ☒ Before the date range
- ☒ During the date range
- ☒ After the date range

Clinical Status

- ☒ HIV+ (no AIDS OI)
- ☒ AIDS OI

Report Type

- ☒ Complete
- ☐ Summary

Report Options

- ☐ Include All
- ☐ Race
- ☐ Risk
- ☐ Age
- ☐ Sex
- ☐ Primary eligibility
- ☐ Clinical Aids status
- ☐ Reimbursement level
- ☐ Date Entered into Registry
- ☐ Utilization
- ☐ Living status

Report Output

Summary Report

Summary tables for the **General Utilization and Demographics** report provide summary counts for the selected **Report Options**. Whichever **Report Options** are chosen, the summary table(s) at the end of the report will provide the total number of patients for each category.

The following screen capture shows the **General Utilization and Demographics** report **Summary Table(s)**.

Clinical Case Registries - [General Utilization and Demographics]

File Window Help

Risk Factors

Code	Description	Count
1	Sex with Male	4
2	Sex with Female	2
3	Injected Nonprescription Drug(s)	4
4	Received Clotting Factor for Hemophilia/Coagulation Disorder	1
5	Heterosexual Relations with Bisexual Male	3
6	Heterosexual Relations with Intravenous Drug user	2
7	Heterosexual Relations with Person with Hemophilia/Coagulation Disorder	1
8	Heterosexual Relations with Transfusion Recipient with HIV	1
9	Heterosexual Relations with Transplant Recipient with HIV	1
10	Heterosexual Relations with Person with AIDS/HIV infection	1
11	Received Transfusions Other than Clotting Factor	1
12	Received Transplant or Artificial Insemination	2
13	Worked in Healthcare or Laboratory	1

Race Summary

Race	Count
Multiple Values	1
No Data	14

Sex Summary

Sex	Count
FEMALE	1
MALE	14

Reimbursement Level Summary

Level	Count
AIDS	1
ARV	2
NOARV	12

Utilization

Code	Description	Count
A	Allergy	
C	Cytopatology	4
I	Inpatient Data	1
IP	Inpatient Pharmacy	
IV	IV Drugs	
L	Laboratory	1
M	Microbiology	
O	Outpatient Data	13
OP	Outpatient Pharmacy	3
R	Radiology	2
SP	Surgical Pathology	1

Age Summary

Age	Count (Value)
0+	1
10+	1
30+	2
40+	2
50+	3
60+	5
80+	1
Average	50.20
Median	58.00

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Complete Report

The **Complete Report** has two sections. The first section includes: patient name, last four digits of the patient's SSN and any selected **Report Options** for each of the patients. The second section lists the summary tables of the number of patients for the selected **Report Options**.

The following screen capture shows the complete **General Utilization and Demographics** report.

General Utilization and Demographics																																																																																																																								
Registry:		VA ICR							Report Created:				02/09/2004@07:59																																																																																																											
Start Date:		01/01/2004							Task Number:				521703																																																																																																											
End Date:		12/31/2004							Last Registry Update:				01/01/1985																																																																																																											
Patients:		Added on any date, Both HIV+ (no AIDS OI) and AIDS OI																																																																																																																						
Options:		Complete Report																																																																																																																						
<p style="color: red; text-align: center;">This report contains confidential patient information and must be handled in accordance with established policies.</p>																																																																																																																								
<p>Note:</p> <p>Age of patients is calculated as of 07/01/2004, which is the middle of the report date range. If a patient was born after this date then the field will be empty. If a patient died before this date then the age is calculated as of date of death.</p>																																																																																																																								
#	Patient Name	SSN	Race	Risk Factors	Age	Sex	Primary Eligibility	AIDS OI	Reimbursement Level	Date Entered	Utilization	Alive?																																																																																																												
1	PATIENT 12	2767P		1, 3, 11	36	MALE	OTHER FEDERAL AGENCY	Yes	AIDS	07/16/2003	O	Yes																																																																																																												
2	PATIENT 6	7571		3, 11	73	MALE	NSC	No	NOARV	11/10/2003	I	Yes																																																																																																												
3	PATIENT 25	2550P			53	MALE	SC LESS THAN 50%	No	NOARV	12/30/2003	I	Yes																																																																																																												
4	PATIENT 11	5656			71	MALE		No	NOARV	09/22/2003	I	Yes																																																																																																												
5	PATIENT 5	1234			68	FEMALE		No	NOARV	11/10/2003	I	Yes																																																																																																												
6	PATIENT 9	0987			71	MALE		No	NOARV	08/19/2003	I	Yes																																																																																																												
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HIV Viral Load and CD4 by Range Report

This report lists HIV viral load and/or CD4 test results within specified result ranges within the specified date range for patients in the CCR: ICR.

NOTE: The report will only work if the local CD4 count tests and HIV viral load tests have been selected under the **Edit Site Parameters, Laboratory Tests, CD4 Count** and **HIV Viral Load** tabs (see [Edit Site Parameters](#)).

In addition, the range results will only work correctly if a numeric result has been entered in the lab package for the CD4 count and HIV viral load tests.

Clinical Status

Use one or both of the checkboxes provided to indicate the clinical status(es) to display on the report. You can include patients who are HIV+ and who have not had an AIDS-OI, patients who have had an AIDS-OI, or both by selecting the applicable checkbox(es). If neither checkbox is selected, an error message will be displayed.

Viral Load

To select all HIV viral load results in the specified date range, click the **Include All** checkbox.

To specify a range of results for HIV viral loads, click the **Select Range** checkbox to activate the range selector windows. Enter the lower limit (Low) and upper limit (High) of the desired result range. Any patients with an HIV viral Load test result within this range during the selected date range will be displayed in the report.

If the **Select Range** option is selected, the application will remove the spaces, commas, and greater and less than characters from the lab result to perform the following check; however, these characters will still be displayed in the report output.

The system will then check the first character of the remainder. If the first character of the remainder is a digit, the system will check to see if it falls within the selected range. If the first character of the remainder is not a digit, this check is not performed and the result is ignored.

CD4 Range

The **CD4** option performs the same as the Viral Load option. To select all CD4 results in the specified date range, click the **Include All** checkbox. To specify a range of results for CD4 counts, click the **Select Range** checkbox and enter the lower limit (Low) and upper limit (High). Any patients with a CD4 test result within these ranges during the selected date range will be displayed in the report.

If a range is specified for both HIV Viral load and CD4 count, only those patients who have results in both specified ranges will be displayed.

The following screen capture shows the ICR Reports window for the **HIV Viral Load and CD4 by Range** report:

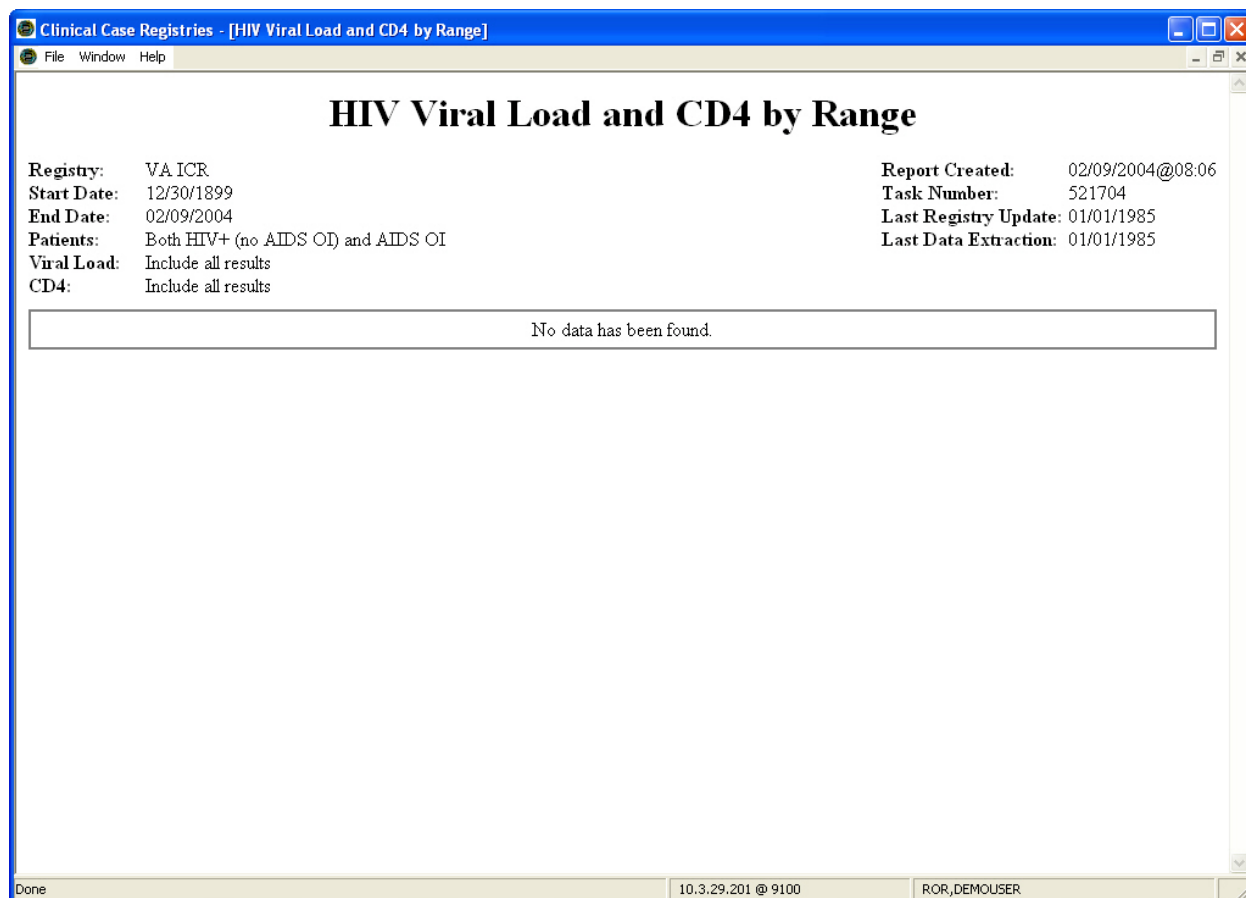
The screenshot shows the 'ICR Reports' window with the title 'HIV Viral Load and CD4 by Range'. The window has a blue title bar and standard Windows window controls. In the top right corner, there are 'Run' and 'Cancel' buttons. The main content area is divided into several sections:

- Date Range:** Includes radio buttons for 'Year', 'Quarter', 'Custom', and 'Cut Off'. The 'Year' option is selected. There are input fields for the date range, with '2/ 9/2004' entered in the 'Custom' field. A 'Fiscal' checkbox is also present.
- Scheduled to Run on:** Includes dropdown menus for 'Day' (set to '2/ 9/2004'), 'Time' (set to '9:05:48 AM'), and 'Repeat'.
- Clinical Status:** Includes checkboxes for 'HIV+ (no AIDS OI)' and 'AIDS OI', both of which are checked.
- Viral Load:** Includes a checked 'Include All' checkbox and an unchecked 'Select range' checkbox. Below 'Select range' are input fields for 'Low (0-99999999)' and 'High (0-99999999)'. The 'Low' field is currently empty.
- CD4:** Includes a checked 'Include All' checkbox and an unchecked 'Select range' checkbox. Below 'Select range' are input fields for 'Low (0-99999999)' and 'High (0-99999999)'. The 'Low' field is currently empty.

Report Output

The output for this report includes: patient name, last four digits of the patient's SSN, and any of the items selected (HIV Viral Load, CD4 or both). The lab tests information displays group (CD4 count or Viral load), date, test name and result. For printing purposes, the lab tests will be group sorted first by patient, then date, and then test.

The following screen capture shows the HIV Viral Load and CD4 by Range report:



Inpatient and Outpatient Utilization Report

This report displays utilization statistics for inpatient care, outpatient care, or both by patients in the CCR: ICR within the specified date range.

Include Patients Added to the Registry

Use the appropriate checkboxes to display on the report those patients that were added before, during, and/or after the selected date range, or any combination of the three.

Clinical Status

Use one or both of the checkboxes provided to indicate the clinical status(es) to display on the report. You can include patients who are HIV+ and who have not had an AIDS-OI, patients who have had an AIDS-OI, or both by selecting the applicable checkbox(es). If neither checkbox is selected, an error message will be displayed.

Activity

Use the checkboxes provided to include utilization statistics for inpatient activity, outpatient activity, or both.

Options

You can generate a **Summary Only** report or **Include details** on the users with highest utilization by selecting the applicable checkboxes.

Number of Users with Highest Utilization

Type the number (0 or greater) in the field provided to specify the number of patients to display who have the highest utilization by number of stop codes for outpatient utilization or by number of inpatient stays and inpatient days for inpatient utilization.

Division

You can select one or all of the site's Divisions. The report will display the patient statistics for the selected division(s).

To select all divisions, click the **Include All** checkbox.

To specify particular divisions, click the **Selected only** checkbox to activate the Division selector windows. Type the full or partial name of the division. When the desired Division is displayed in the left pane, select it and click the right arrow to move it to the right pane. Repeat this procedure until all desired divisions are selected and appear in the right pane.

To remove a selected division, highlight the name of the division in the right pane and click the left arrow button.

The following screen capture shows the ICR Reports window for the **Inpatient and Outpatient Utilization** report:

The screenshot shows the 'ICR Reports' application window. The title bar includes standard Windows window controls (minimize, maximize, close) and the text 'ICR Reports'. The main window has a menu bar with 'Run' and 'Cancel' options. Below the menu bar is a section titled 'Inpatient and Outpatient Utilization'. This section contains several configuration options:

- Date Range:** Includes radio buttons for 'Year', 'Quarter', 'Custom', and 'Cut Off'. The 'Year' option is selected. There are input fields for the date range, with '2/ 9/2004' entered in the 'Custom' field. There are also 'Fiscal' checkboxes and navigation buttons ('<<', '>>').
- Scheduled to Run on:** Includes fields for 'Day' (2/ 9/2004), 'Time' (9:13:38 AM), and 'Repeat'.
- Include patients added to the registry:** Includes checkboxes for 'Before the date range', 'During the date range', and 'After the date range'. All three are checked.
- Clinical Status:** Includes checkboxes for 'HIV+ (no AIDS OI)' and 'AIDS OI'. Both are checked.
- Activity:** Includes checkboxes for 'Inpatient' and 'Outpatient'. Both are checked.
- Options:** Includes radio buttons for 'Summary Only' and 'Include details'. 'Include details' is selected. There is a text input field with '10' and the label 'Number of users with highest utilization'.
- Division:** Includes radio buttons for 'Include All' and 'Selected only'. 'Include All' is selected.

At the bottom of the window, there are two large empty rectangular areas, likely for displaying the report results. Between these areas are several arrows indicating navigation or selection options.

Report Output

The report displays utilization statistics for inpatients, outpatients, or both, depending on what was selected.

The **Inpatient Activity, Summary Only** report displays three sections. The first section displays the number of patients, number of stays, number of days, median length of stay, average length of stay, and number of short days. The second section displays the number of patients who had the listed number of stays. The third section, entitled, “Distribution of Utilization Among Bed Sections,” displays the bed section, number of patients, number of stays, number of days, median length of stay and number of short stays.

The **Outpatient Activity, Summary Only** report displays three sections. The first section displays the number of patients, number of visits and number of stops. The second section displays the number of patients who had the listed number of stops. The third section, entitled, “Distribution of Utilization Among Clinics,” displays the clinic stop code, the clinic name, number of patients, number of visits and number of stops.

The **Inpatient Activity, Include details** report displays five sections. The first three sections are the same as in the **Summary** report. The fourth section, entitled, “[number of users with highest utilization] Patients with Highest Utilization by Number of Stays,” displays patient name, last four digits of the patient’s SSN, number of stays, number of days, and number of short stays. The fifth section, entitled, “[number of users with highest utilization] Patients with Highest Utilization by Number of Days,” displays patient name, last four digits of the patient’s SSN, number of stays, number of days, and number of short stays.

The **Outpatient Activity, Include details** report displays four sections. The first three sections are the same as in the **Summary** report. The fourth section, entitled, “[number of users with highest utilization] Patients with Highest Utilization by Number of Stop Codes,” displays patient name, last four digits of the patient’s SSN, number of visits, number of stops, and number of different stops.

The following screen capture shows the **Inpatient and Outpatient Utilization** report based on the selected options:

Inpatient and Outpatient Utilization

Registry: VA ICR
Start Date: 06/21/1987
End Date: 11/24/2003
Patients: Added on any date, Both Inpatients and Outpatients, Both HIV+ and Clinical AIDS
Divisions: ALL
MaxUtil: 10 (maximum number of patients with highest utilization to display)

Report Created: 11/24/2003@13:52
Task Number: 506977
Last Registry Update: 01/01/1985
Last Data Extraction: 01/01/1985

This report contains confidential patient information and must be handled in accordance with established policies.

Selected Outpatient Activity HIV+

A 'stop' is credited for each entry of a stop code, while a 'visit' is split among each stop credited on a given date. Thus, a single visit with two stop codes credited will show as 0.5 visit for each stop code. A total of 1.00 visit is given for outpatient activity on a given date.

Number of Patients	Number of Visits	Number of Stops
8	47	65

<u>Number of Patients</u>	<u>Number of Visits</u>
1	19
1	13
1	6
1	3
2	2
2	1

Distribution of Utilization among Clinics

#	<u>Stop Code</u>	<u>Clinic</u>	<u>Number of Patients</u>	<u>Number of Visits</u>	<u>Number of Stops</u>
1	102	ADMITTING/SCREENING	2	2.00	3
2	105	X-RAY	3	7.00	13
3	107	EKG	1	0.50	1
4	108	LABORATORY	2	7.00	7
5	109	NUCLEAR MEDICINE	1	1.00	1
6	117	NURSING (2ND ONLY)	1	0.20	1
7	120	HEALTH SCREENING	1	0.20	1
8	203	AUDIOLOGY	4	7.00	9
9	204	SPEECH PATHOLOGY	1	1.00	1
10	301	GENERAL INTERNAL MEDICINE	3	3.70	5
11	303	CARDIOLOGY	1	3.00	5
12	315	NEUROLOGY	1	1.00	2
13	321	GI ENDOSCOPY	3	6.50	7
14	329	MEDICAL PROCEDURE UNIT	1	5.00	5
15	334	CARDIAC STRESS TEST/ETT	1	1.00	1
16	401	GENERAL SURGERY	1	0.20	1
17	509	PSYCHIATRY-MD INDIVIDUAL	1	0.50	1
18	999	EMPLOYEE HEALTH	1	0.20	1

Selected Inpatient Activity HIV+

Number of Patients	Number of Stays	Number of Days	Median Length of Stay (MLOS)	Average Length of Stay	Number of Short Stays
7	19	5723	71.0	301.2	29

Number of Patients	Number of Stays
1	12
1	3
4	1

Distribution of Utilization among Bed Sections

#	Clinic	Number of Patients	Number of Stays	Number of Days	MLOS	Number of Short Stays
1	DOMICILIARY	2	4	97	12.5	26
2	EVAL/BRF TRMT PTSD UNIT(EBTPU)	1	1	26	26.0	
3	GEM ACUTE MEDICINE	2	1	16	16.0	1
4	GENERAL SURGERY	3	3	1409	664.0	
5	GENERAL(ACUTE MEDICINE)	4	4	2057	638.0	
6	LONG TERM PSYCHIATRY(>45 DAYS)	1	1	386	386.0	
7	MEDICAL OBSERVATION	2	3	1603	22.0	
8	NEUROLOGY	1	1	1	1.0	

Occurrences of Missing Bed Section ID

#	Patient Name	SSN	Movement Date	PTF#
1	PATIENT 1	9999	02/26/2002@09:57	385

Highest Utilization HIV+

Highest Utilization of Visits

#	Patient Name	SSN	Number of Visits	Number of Stops	Number of Different Stops
1	PATIENT 2	4444	19	23	7
2	PATIENT 1	9999	13	20	11
3	PATIENT 3	6754	6	7	4
4	PATIENT 4	9287	3	8	1
5	PATIENT 5	1234	2	2	2
6	PATIENT 6	7571	2	2	2
7	PATIENT 7	3333	1	1	1
8	PATIENT 8	0999	1	2	1

Highest Number of Stays

#	<u>Patient Name</u>	<u>SSN</u>	<u>Number of Stays</u>	<u>Number of Days</u>	<u>Number of Short Stays</u>
1	PATIENT 1	9999	12	1340	26
2	PATIENT 3	6754	3	804	2
3	PATIENT 9	0987	1	664	
4	PATIENT 5	1234	1	655	
5	PATIENT 11	5656	1	680	
6	PATIENT 6	7571	1	1580	

Highest Number of Days

#	<u>Patient Name</u>	<u>SSN</u>	<u>Number of Stays</u>	<u>Number of Days</u>	<u>Number of Short Stays</u>
1	PATIENT 6	7571	1	1580	
2	PATIENT 1	9999	12	1340	26
3	PATIENT 3	6754	3	804	2
4	PATIENT 11	5656	1	680	
5	PATIENT 9	0987	1	664	
6	PATIENT 5	1234	1	655	

Selected Outpatient Activity Clinical AIDS

A 'stop' is credited for each entry of a stop code, while a 'visit' is split among each stop credited on a given date. Thus, a single visit with two stop codes credited will show as 0.5 visit for each stop code. A total of 1.00 visit is given for outpatient activity on a given date.

Number of Patients	Number of Visits	Number of Stops
2	17	19

<u>Number of Patients</u>	<u>Number of Visits</u>
1	9
1	8

Distribution of Utilization among Clinics

#	<u>Stop Code</u>	<u>Clinic</u>	<u>Number of Patients</u>	<u>Number of Visits</u>	<u>Number of Stops</u>
1	105	X-RAY	2	4.00	6
2	203	AUDIOLOGY	1	2.00	2
3	301	GENERAL INTERNAL MEDICINE	1	1.00	1
4	303	CARDIOLOGY	2	6.00	6
5	329	MEDICAL PROCEDURE UNIT	1	4.00	4

Selected Inpatient Activity Clinical AIDS

Number of Patients	Number of Stays	Number of Days	Median Length of Stay (MLOS)	Average Length of Stay	Number of Short Stays
2	1	312	312.0	312.0	1

Number of Patients	Number of Stays
1	1

Distribution of Utilization among Bed Sections

#	Clinic	Number of Patients	Number of Stays	Number of Days	MLOS	Number of Short Stays
1	GENERAL(ACUTE MEDICINE)	2	1	312	312.0	1

Highest Utilization Clinical AIDS

Highest Utilization of Visits

#	Patient Name	SSN	Number of Visits	Number of Stops	Number of Different Stops
1	PATIENT 12	2767P	9	11	4
2	PATIENT 23	5688	8	8	3

Highest Number of Stays

#	Patient Name	SSN	Number of Stays	Number of Days	Number of Short Stays
1	PATIENT 23	5688	1	312	

Highest Number of Days

#	Patient Name	SSN	Number of Stays	Number of Days	Number of Short Stays
1	PATIENT 23	5688	1	312	

Selected Outpatient Activity All Patients

A 'stop' is credited for each entry of a stop code, while a 'visit' is split among each stop credited on a given date. Thus, a single visit with two stop codes credited will show as 0.5 visit for each stop code. A total of 1.00 visit is given for outpatient activity on a given date.

Number of Patients	Number of Visits	Number of Stops
10	64	84

<u>Number of Patients</u>	<u>Number of Visits</u>
1	19
1	13
1	9
1	8
1	6
1	3
2	2
2	1

Distribution of Utilization among Clinics

#	<u>Stop Code</u>	<u>Clinic</u>	<u>Number of Patients</u>	<u>Number of Visits</u>	<u>Number of Stops</u>
1	102	ADMITTING/SCREENING	2	2.00	3
2	105	X-RAY	5	11.00	19
3	107	EKG	1	0.50	1
4	108	LABORATORY	2	7.00	7
5	109	NUCLEAR MEDICINE	1	1.00	1
6	117	NURSING (2ND ONLY)	1	0.20	1
7	120	HEALTH SCREENING	1	0.20	1
8	203	AUDIOLOGY	5	9.00	11
9	204	SPEECH PATHOLOGY	1	1.00	1
10	301	GENERAL INTERNAL MEDICINE	4	4.70	6
11	303	CARDIOLOGY	3	9.00	11
12	315	NEUROLOGY	1	1.00	2
13	321	GIENDOSCOPY	3	6.50	7
14	329	MEDICAL PROCEDURE UNIT	2	9.00	9
15	334	CARDIAC STRESS TEST/ETT	1	1.00	1
16	401	GENERAL SURGERY	1	0.20	1
17	509	PSYCHIATRY-MD INDIVIDUAL	1	0.50	1
18	999	EMPLOYEE HEALTH	1	0.20	1

Selected Inpatient Activity All Patients

Number of Patients	Number of Stays	Number of Days	Median Length of Stay (MLOS)	Average Length of Stay	Number of Short Stays
9	20	6035	86.0	301.8	0

Number of Patients	Number of Stays
1	12
1	3
5	1

Distribution of Utilization among Bed Sections

#	Clinic	Number of Patients	Number of Stays	Number of Days	MLOS	Number of Short Stays
1	DOMICILIARY	2	4	97	12.5	26
2	EVAL/BRF TRMT PTSD UNIT(EBTPU)	1	1	26	26.0	
3	GEM ACUTE MEDICINE	2	1	16	16.0	1
4	GENERAL SURGERY	3	3	1409	664.0	
5	GENERAL(ACUTE MEDICINE)	6	5	2369	621.0	1
6	LONG TERM PSYCHIATRY(>45 DAYS)	1	1	386	386.0	
7	MEDICAL OBSERVATION	2	3	1603	22.0	
8	NEUROLOGY	1	1	1	1.0	

Occurrences of Missing Bed Section ID

#	Patient Name	SSN	Movement Date	PTF#
1	PATIENT 1	9999	02/26/2002@09:57	385

Highest Utilization All Patients

Highest Utilization of Visits

#	Patient Name	SSN	Number of Visits	Number of Stops	Number of Different Stops
1	PATIENT 2	4444	19	23	7
2	PATIENT 1	9999	13	20	11
3	PATIENT 12	2767P	9	11	4
4	PATIENT 23	5688	8	8	3
5	PATIENT 3	6754	6	7	4
6	PATIENT 4	9287	3	8	1
7	PATIENT 5	1234	2	2	2
8	PATIENT 6	7571	2	2	2
9	PATIENT 7	3333	1	1	1
10	PATIENT 8	0999	1	2	1

Highest Number of Stays

#	Patient Name	SSN	Number of Stays	Number of Days	Number of Short Stays
1	PATIENT 1	9999	12	1340	26
2	PATIENT 3	6754	3	804	2
3	PATIENT 9	0987	1	664	
4	PATIENT 5	1234	1	655	
5	PATIENT 11	5656	1	680	
6	PATIENT 23	5688	1	312	
7	PATIENT 7	7571	1	1580	

Highest Number of Days

#	Patient Name	SSN	Number of Stays	Number of Days	Number of Short Stays
1	PATIENT 7	7571	1	1580	
2	PATIENT 1	9999	12	1340	26
3	PATIENT 3	6754	3	804	2
4	PATIENT 11	5656	1	680	
5	PATIENT 9	0987	1	664	
6	PATIENT 5	1234	1	655	
7	PATIENT 23	5688	1	312	

Lab Utilization Report

The Lab Utilization report displays laboratory utilization within the selected date range.

Include Patients Added to the Registry

Use the appropriate checkboxes to display on the report those patients that were added before, during, and/or after the selected date range, or any combination of the three.

Clinical Status

Use one or both of the checkboxes provided to indicate the clinical status(es) to display on the report. You can include patients who are HIV+ and who have not had an AIDS-OI, patients who have had an AIDS-OI, or both by selecting the applicable checkbox(es). If neither checkbox is selected, an error message will be displayed.

Options

You can generate a **Summary Only** report or **Include details** on the users with highest utilization and on the laboratory tests with a minimum number of procedures/results to display by selecting the applicable checkboxes.

Number of Users with Highest Utilization

Type the number (0 or greater) in the field provided to specify the number of patients to display who have the highest utilization by number of laboratory results. The output will display the patient name, last four digits of the patient's SSN, number of orders, number of results, and number of different lab tests.

Minimum Number of Procedures/Results to Display

Type the number (0 or greater) in the field provided to specify the minimum number of procedures/results necessary for a laboratory test for it to be displayed in the report.

Lab Tests

To select all lab tests, click the **Include All** checkbox.

To specify particular lab tests, click the **Selected only** checkbox to activate the Lab selector windows. Type the full or partial name of the lab test. When it is displayed in the left pane, select it and click the right arrow to move it to the right pane. Repeat this procedure until all desired lab test are selected and appear in the right pane.

To remove a selected lab test, highlight the name of the lab test in the right pane and click the left arrow button.

The following screen capture shows the ICR Reports window for the **Lab Utilization** report:

The screenshot shows the 'ICR Reports' window with the 'Lab Utilization' report selected. The window has a blue title bar and standard Windows window controls. The main content area is divided into several sections:

- Date Range:** Includes radio buttons for 'Year', 'Quarter', 'Custom', and 'Cut Off'. The 'Year' option is selected. There are input fields for the date range, with '2/ 9/2004' entered in both. A 'Fiscal' checkbox is also present.
- Scheduled to Run on:** Includes dropdown menus for 'Day' (set to '2/ 9/2004'), 'Time' (set to '9:17:11 AM'), and 'Repeat'.
- Include patients added to the registry:** Includes checkboxes for 'Before the date range', 'During the date range', and 'After the date range', all of which are checked.
- Clinical Status:** Includes checkboxes for 'HIV+ (no AIDS OI)' and 'AIDS OI', both of which are checked.
- Options:** Includes radio buttons for 'Summary Only' and 'Include details'. The 'Include details' option is selected. There are input fields for 'Number of users with highest utilization' (set to '10') and 'Minimum number of procedures/results to display' (set to '1').
- Lab Tests:** Includes radio buttons for 'Include All' and 'Selected only'. The 'Include All' option is selected. Below this are two empty list boxes with arrows between them for moving items.

Report Output

The **Summary Only** report displays two sections. The first section displays the number of patients, the number of orders, the number of results and the number of different tests. The second section displays the number of patients who had the listed number of results.

The **Include details** report displays four sections. The first two sections are the same as in the **Summary** report. The third section, entitled, “Laboratory tests performed [the minimum number of procedures/results to display] times or more,” displays lab test name, number of patients, number of results, maximum number of results pre patient, number of patients with maximum utilization. The fourth section, entitled, “[number of users with highest utilization] with highest utilization by number of results,” displays patient name, last four digits of the patient’s SSN, number of orders, number of results, and number of different tests.

The following screen capture shows the **Lab Utilization** report:

Laboratory Utilization

Registry: VA ICR

Start Date: 09/01/1987

End Date: 02/04/2004

Patients: Added on any date, Both HIV+ (no AIDS OI) and AIDS OI

MaxUtil: 10 (maximum number of patients with highest utilization to display)

MinTest: 1 (minimum number of times a Lab test should be performed to be included in the report)

Lab Tests: ALL

Report Created: 02/04/2004@14:07

Task Number: 520701

Last Registry Update: 01/01/1985

Last Data Extraction: 01/01/1985

This report contains confidential patient information and must be handled in accordance with established policies.

HIV+ (no AIDS OI)

Number of Patients	Number of Orders	Number of Results	Number of Different Tests
2	27	100	34

Number of Patients	Number of Results
1	91
1	9

Laboratory tests performed at least once

#	Name	Number of Patients	Number of Results	Maximum Number of Results per Patient	Number of Patients with Max. Utilization
1	ALBUMIN	1	5	5	1
2	ALKALINE PHOSPHATASE	1	1	1	1
3	ANION GAP	1	3	3	1
4	CALCIUM	1	1	1	1
5	CALCULATED OSMOLALITY	2	4	3	1
6	CHLORIDE	2	6	4	1
7	CO2	2	5	4	1
8	CPK	1	1	1	1
9	CREATININE	2	5	4	1
10	DIR. BILIRUBIN	1	1	1	1
11	FR T-4	1	1	1	1
12	GLUCOSE	2	12	11	1

10 patient(s) with highest utilization by number of results

#	Patient Name	SSN	Number of Orders	Number of Results	Number of Different Tests
1	PATIENT 1	9999	25	91	34
2	PATIENT 16	7894	2	9	8

All Patients

Number of Patients	Number of Orders	Number of Results	Number of Different Tests
2	27	100	34

Number of Patients	Number of Results
1	91
1	9

List of Registry Patients Report

The List of Registry Patients report displays patients who were entered into the local CCR: ICR during the specified date range.

Patients Status

Use one or both of the checkboxes provided to indicate the registry status(es) of patients to include in the report. You can include patients who are Inactive in the registry or Active in the registry, or both by selecting the applicable checkbox(es).

The **Active** checkbox will be checked by default. This will result in the report displaying active patients who were entered into the ICR within the specified date range.

If the **Inactive** checkbox is checked, the report will display inactive patients who were entered into the ICR within the specified date range.

If **both** checkboxes are checked, the report will display all patients who were entered into the ICR within the date range of the report.

Additional Fields

You can select one or more of the **Additional Fields** checkboxes to display the following information about the patients listed in the report:

- **Date of birth**
- **Coded SSN (an 11 digit code number)**
- **Last 4 digits of SSN**
- **Reason added to the Registry**
- **Inactivation reason**
- **Date added to the Registry**
- **Date inactivated**
- **Date Re-Activated**

Each of the checkboxes represents an additional column heading that will be added to the report.

NOTE: For patients whose records existed in ICR version 2.1, the earliest date of an ICD-9 code entry or positive HIV antibody test will be used to populate the **Date added to the registry** field.

The following screen capture shows the **ICR Reports** window for the **List of Registry Patients** report:

The screenshot shows a software window titled "ICR Reports" with a blue title bar. Inside the window, there is a section titled "List of Registry Patients". Below this title, there are several configuration options:

- Date Range:** Includes radio buttons for "Year", "Quarter", "Custom", and "Cut Off". The "Year" option is selected. There are input fields for dates, with "2/ 9/2004" entered in two fields, and navigation buttons "<<" and ">>". A "Fiscal" checkbox is also present.
- Scheduled to Run on:** Includes a "Day" dropdown set to "2/ 9/2004", a "Time" dropdown set to "9:23:31 AM", and a "Repeat" dropdown.
- Registry Status:** Includes checkboxes for "Inactive" and "Active". The "Active" checkbox is checked.
- Additional Fields:** A grid of checkboxes for various data fields:
 - Row 1: "Date of birth", "Reason added to the Registry", "Date added to the Registry"
 - Row 2: "Coded SSN", "Inactivation reason", "Date inactivated"
 - Row 3: "Last 4 digits of SSN", "Date Re-Activated"

At the top right of the window, there are standard window controls (minimize, maximize, close) and two buttons: "Run" (with a circular arrow icon) and "Cancel" (with an 'X' icon).

Report Output

The **List of Registry Patients** report includes patient name and any **Additional Fields** that were selected.

The following screen capture shows the **List of Registry Patients** report:

Clinical Case Registries - [List of Registry Patients]

File Window Help

List of Registry Patients

Registry: VA ICR
Start Date: 01/01/2004
End Date: 12/31/2004
Patients: Active

Report Created: 02/09/2004@08:24
Task Number: 521706
Last Registry Update: 01/01/1985
Last Data Extraction: 01/01/1985

This report contains confidential patient information and must be handled in accordance with established policies.

#	<u>Patient Name</u>	<u>Date of Birth</u>	<u>Coded SSN</u>	<u>SSN</u>	Reasons	<u>Date Entered</u>	<u>Inactivation Date</u>	<u>Reactivation Date</u>	<u>Inactivation Reason</u>
1	PATIENT 17	01/01/1948	59353081465P	0148P	Manual Entry	01/27/2004			

10.3.29.201 @ 9100 ROR,DEMOUSER

Patient Drug History Report

The Patient Drug history report provides a drug (medication) history for a selected patient(s) during a selected date range.

Activity

Use the appropriate checkboxes to display inpatient drug activity, outpatient drug activity, or both for the selected patient.

Select Patient

To specify the patient(s) for the report, use the **Patient** selector windows. Type the patient's full last name, the first one or more characters of the patient's last name, the patient's SSN, the last four digits of the patient's SSN or a combination of the first letter of the patient's last name and the last four digits of the patient's SSN.

When the desired patient is displayed in the left pane, select the patient and click the right arrow to move the patient to the right pane. Repeat this procedure until all desired patients are selected and appear in the right pane.

To remove a selected patient, highlight the patient in the right pane and click the left arrow button.

Drugs

To select all drugs, click the **Include All** checkbox.

To specify particular drugs, click the **Selected only** checkbox to activate the Drug selector windows. Type the full or partial name of the drug. When the desired drug is displayed in the left pane, select it and click the right arrow to move it to the right pane. Repeat this procedure until all desired drugs are selected and appear in the right pane.

To remove a selected drug, highlight the drug in the right pane and click the left arrow button.

Select From

Use the option buttons provided to display either generic drug names or dispensed drug names for selection.

Investigational Drugs

Select this checkbox to display drugs associated with the Investigational HIV drug class (IN150).

ARV's

Select this checkbox to display drugs included in the ARV Group encompassing the National ARV Drugs Group and any Local ARV Drugs specified with the [Edit Site Parameters, ARV Drugs tab](#).

The following screen capture shows the **ICR Reports** window for the **Patient Drug History** report:

ICR Reports [Run] [Cancel]

Patient Drug History

Date Range

- ☒ Year: [] ☐ Fiscal
- ☐ Quarter: []
- ☐ Custom: [2/ 9/2004] << [2/ 9/2004] >>
- ☐ Cut Off: []

Scheduled to Run on

Day: [2/ 9/2004]
Time: [9:25:55 AM]
Repeat: []

Activity

☒ Inpatient ☒ Outpatient

Select Patient

Name	DFN

Name	DFN	SSN	DOD	Sex

Drugs

- ☒ Include All
- ☐ Selected only
- ☐ Investigational Drugs
- ☐ ARV's

Select From: ☒ Generic Drugs ☐ Dispensed Drugs

Name	Code	Name	VA Dr...

Report Output

The report displays information for the selected patient(s). The first section heading lists the patient's name, and then displays the last four digits of the patient's SSN, date of birth, and age as of the date the report was run. The second section, entitled, "Drug History," displays the date the prescription was written, the Rx number, type of fill (original, refill, partial), dispensed drug name, generic drug name, days supply and fill type, (mail/window/inpatient).

The following screen capture shows the **Patient Drug History** report:

Patient Drug History

Registry: VA ICR

Start Date: 06/22/1987

End Date: 11/25/2003

Patients: Outpatient

Drugs: ALL

Report Created: 11/25/2003@10:21

Task Number: 507204

Last Registry Update: 01/01/1985

Last Data Extraction: 01/01/1985

This report contains confidential patient information and must be handled in accordance with established policies.

PATIENT 23

SSN	Date of Birth	Age
5688	08/12/1955	48

Drug History

Date	Rx#	Type	Drug Name	Generic Name	VA Drug Class	Fill Type
05/10/2001	2256	FILL	ACETAMINOPHEN 325MG/30MG COD TAB	ACETAMINOPHEN/CODEINE	CN101	WINDOW
05/10/2001	2257	FILL	DIAZEPAM 5MG TAB	DIAZEPAM	CN302	MAIL
05/10/2001	2253	FILL	FOLIC ACID 1MG TAB	FOLIC ACID	VT102	WINDOW
05/10/2001	2255	FILL	LORAZEPAM 2MG TAB	LORAZEPAM	CN302	WINDOW
05/10/2001	2254	FILL	TEMAZEPAM 15MG CAP	TEMAZEPAM	CN302	WINDOW
05/10/2001	2252	FILL	THIAMINE 100MG TAB	THIAMINE	VT105	WINDOW
01/17/2003	2304	FILL	ABACAVIR 300MG TAB	ABACAVIR	AM800	WINDOW
01/17/2003	2305	FILL	ABACAVIR 300MG TAB	ABACAVIR	AM800	WINDOW
01/17/2003	1025	FILL	CODEINE PHOSPHATE 30MG TAB		CN101	WINDOW
01/17/2003	1026	FILL	CODEINE PHOSPHATE 30MG TAB		CN101	WINDOW
01/17/2003	1024	FILL	MORPHINE 10MG TAB	MORPHINE	CN101	WINDOW
01/17/2003	1027	FILL	MORPHINE 10MG TAB	MORPHINE	CN101	WINDOW

PATIENT 1

SSN	Date of Birth	Age
9999	01/01/1945	58

Drug History

Date	Rx#	Type	Drug Name	Generic Name	VA Drug Class	Fill Type
02/26/1998	2045	FILL	AMOXAPINE 50MG TAB	AMOXAPINE	CN601	WINDOW
02/26/1998	2045	REFILL	AMOXAPINE 50MG TAB	AMOXAPINE	CN601	WINDOW
02/26/1998	2047	FILL	AMPICILLIN 250MG CAP	AMPICILLIN	AM052	WINDOW
02/26/1998	2044	FILL	ASPIRIN 325MG TAB	ASPIRIN	CN103	WINDOW
02/26/1998	2044	PARTIAL	ASPIRIN 325MG TAB	ASPIRIN	CN103	WINDOW
02/26/1998	2049	FILL	ASPIRIN 325MG TAB	ASPIRIN	CN103	WINDOW
02/26/1998	2046	FILL	CAPTAPRIL 25MG TAB	CAPTAPRIL	CV800	WINDOW
02/26/1998	2046A	FILL	CAPTAPRIL 25MG TAB	CAPTAPRIL	CV800	MAIL
02/26/1998	2050	FILL	FUROSEMIDE 40MG TAB	FUROSEMIDE	CV702	WINDOW
02/26/1998	1744	FILL	PREDNISONE 5MG TAB	PREDNISONE	HS051	WINDOW
02/26/1998	2048	FILL	PROPRANOLOL 20MG TAB	PROPRANOLOL	CV100	WINDOW
02/26/1998	2051	FILL	WARFARIN 5MG TAB	WARFARIN	BL100	WINDOW
09/07/2000	1764	FILL	DIAZEPAM 5MG TAB	DIAZEPAM	CN302	MAIL
09/07/2000	1764	REFILL	DIAZEPAM 5MG TAB	DIAZEPAM	CN302	MAIL
09/07/2000	1764	PARTIAL	DIAZEPAM 5MG TAB	DIAZEPAM	CN302	WINDOW

Pharmacy Prescription Utilization Report

The Pharmacy Prescription Utilization report displays utilization statistics for inpatient pharmacy, outpatient pharmacy, or both by patients in the CCR: ICR within the specified date range.

Include Patients Added to the Registry

Use the appropriate checkboxes to display on the report those patients that were added before, during, and/or after the selected date range, or any combination of the three.

Clinical Status

Use one or both of the checkboxes provided to indicate the clinical status(es) to display on the report. You can include patients who are HIV+ and who have not had an AIDS-OI, patients who have had an AIDS-OI, or both by selecting the applicable checkbox(es). If neither checkbox is selected, an error message will be displayed.

Activity

Use the appropriate checkboxes to display the inpatient pharmacy activity, outpatient pharmacy activity, or both.

Options

You can generate a **Summary Only** report or **Include details** on the users with highest utilization.

Number of Users with Highest Utilization

Type the number (0 or greater) in the field provided to specify the number of patients to display who have the highest utilization by number of pharmacy fills. The system default for this field is 10.

Drugs - Aggregate By

Use the appropriate option buttons to specify whether the report is aggregated by **Generic Drug** name or local **Dispensed Drug** name.

Drugs Classes

To select all drug classes, click the **Include All** checkbox.

To specify particular drug classes, click the **Selected only** checkbox to activate the Drug Classes selector windows. Type the full or partial name of the VA drug class code (e.g. AM000 for Antimicrobials).

When the desired drug class is displayed in the left pane, select it and click the right arrow to move it to the right pane. Repeat this procedure until all desired drug classes are selected and appear in the right pane.

To remove a selected drug class, highlight the drug class in the right pane and click the left arrow button.

ARV's

Select this checkbox to display drugs included in the ARV Group encompassing the National ARV Drugs Group and any Local ARV Drugs specified with the [Edit Site Parameters, ARV Drugs tab](#).

The following screen capture shows the ICR Reports window for the **Pharmacy Prescription Utilization** report:

The screenshot shows the 'ICR Reports' window with the 'Pharmacy Prescription Utilization' report selected. The window has a title bar with standard Windows controls and buttons for 'Run' and 'Cancel'. The main area is divided into several sections for configuring the report.

Pharmacy Prescription Utilization

Date Range

- ☒ Year: [] ☐ Fiscal
- ☐ Quarter: []
- ☐ Custom: 2/ 9/2004 << 2/ 9/2004 >>
- ☐ Cut Off: []

Scheduled to Run on

- Day: 2/ 9/2004
- Time: 9:30:25 AM
- Repeat: []

Include patients added to the registry

- ☒ Before the date range ☒ During the date range ☒ After the date range

Clinical Status

- ☒ HIV+ (no AIDS OI) ☒ AIDS OI

Activity

- ☒ Inpatient ☒ Outpatient

Options

- ☐ Summary Only
- ☒ Include details: 10 Number of users with highest utilization

Drugs

- Aggregate By**: ☒ Generic Drugs ☐ Dispensed Drugs
- Drug Classes**: ☒ Include All ☐ Selected only
- ☒ ARV's

Below the drug class options are two empty tables with columns 'Code' and 'Name', separated by a double-headed arrow, indicating a list of drug classes to be included or excluded.

Report Output

The report displays utilization statistics for outpatient pharmacy, inpatient pharmacy or both, depending on which report options were selected.

For outpatient activity, the first section includes number of patients, number of fill and number of different drugs. The second section includes the number of patients with a specified number of fills. The third section, entitled, “Outpatient Drugs,” displays drug name (generic or dispensed as selected), number of patients, number of fills, maximum number of fills per patient and number of patients with maximum utilization.

If the **Include details, Number of users with highest utilization** option was selected, the fourth section which is entitled, “Number of patients with highest utilization by number of fills,” displays patient name, last four digits of the patient’s SSN, number of fills and number of different drugs.

For inpatient activity, the first section includes number of patients, number of fill and number of different drugs. The second section includes the number of patients with a specified number of fills. The third section, entitled, “Inpatient Drugs,” displays drug name (generic or dispensed as selected), number of patients, number of doses, maximum number of doses per patient and number of patients with maximum utilization.

If the **Include details, Number of users with highest utilization** option was selected, the fourth section which is entitled, “Number of patients with highest utilization by number of doses,” displays patient name, last four digits of the patient’s SSN, number of doses and number of different drugs.

The following screen capture shows the **Pharmacy Prescription Utilization** report:

Pharmacy Prescription Utilization				
Registry:	VA ICR	Report Created:	11/25/2003@11:03	
Start Date:	06/22/1987	Task Number:	507221	
End Date:	11/25/2003	Last Registry Update:	01/01/1985	
Patients:	Added on any date, Both Inpatients and Outpatients, Both HIV+ and Clinical AIDS			
MaxUnk:	10 (maximum number of patients with highest utilization to display)			
This report contains confidential patient information and must be handled in accordance with established policies.				
Selected Outpatient Activity				
HIV+				
Number of Patients		Number of Fills		Number of Different Drugs
4		42		20
Number of Patients		Number of ???		
1		31		
1		6		
1		3		
1		2		
#	Patient Name	SSN	Number of ???	Number of Different Drugs
1	PATIENT 1	9999	31	18
2	PATIENT 8	0999	6	6
3	PATIENT 6	7571	3	3
4	PATIENT 3	6754	2	2
44220				
Selected Outpatient Activity				
Clinical AIDS				
Number of Patients		Number of Fills		Number of Different Drugs
1		12		9
Number of Patients		Number of ???		
1		12		
#	Patient Name	SSN	Number of ???	Number of Different Drugs
1	PATIENT 23	5688	12	9
1129				
Selected Inpatient Activity				
Clinical AIDS				
Number of Patients		Number of Doses		Number of Different Drugs
1		4		4
Number of Patients		Number of ???		
1		4		
#	Patient Name	SSN	Number of ???	Number of Different Drugs
1	PATIENT 23	5688	4	4
144				
Selected Outpatient Activity				
All Patients				
Number of Patients		Number of Fills		Number of Different Drugs
5		54		20
Number of Patients		Number of ???		
1		31		
1		12		
1		6		
1		3		
1		2		
#	Patient Name	SSN	Number of ???	Number of Different Drugs
1	PATIENT 1	9999	31	18
2	PATIENT 23	5688	12	9
3	PATIENT 8	0999	6	6
4	PATIENT 6	7571	3	3
5	PATIENT 3	6754	2	2
55420				
Selected Inpatient Activity				
All Patients				
Number of Patients		Number of Doses		Number of Different Drugs
1		4		4
Number of Patients		Number of ???		
1		4		
#	Patient Name	SSN	Number of ???	Number of Different Drugs
1	PATIENT 23	5688	4	4
144				

Radiology Utilization Report

The Radiology Utilization report displays utilization statistics for radiology by CCR: ICR patients within the specified date range.

Include Patients Added to the Registry

Use the appropriate checkboxes to display on the report those patients that were added before, during, and/or after the selected date range, or any combination of the three.

Clinical Status

Use one or both of the checkboxes provided to indicate the clinical status(es) of patients to include in the report. You can include patients who are HIV+ and have not had an AIDS-OI, patients who have had an AIDS-OI, or both by selecting the applicable checkbox(es).

Options

You can generate a **Summary Only** report or **Include details** on the users with highest utilization and on the radiology procedures with a minimum number of procedures/results to display by selecting the applicable checkboxes.

Number of Users with Highest Utilization

Type the number (0 or greater) in the field provided to specify the number of patients to display who have the highest utilization by number of radiology procedures.

NOTE: If this field is empty, the corresponding table will not be included in the report.

Minimum Number of Procedures/Results to Display

Type the number (0 or greater) in the field provided to specify the minimum number of procedures/results necessary for a radiology procedure to be displayed in the report.

NOTE: If this field is empty, the corresponding table will not be included in the report.

The following screen capture shows the ICR Reports window for the **Radiology Utilization** report:

The screenshot shows a software window titled "ICR Reports" with a blue title bar. Inside the window, there is a section titled "Radiology Utilization". The interface includes several input fields and checkboxes for configuring the report. The "Date Range" section has radio buttons for "Year", "Quarter", "Custom", and "Cut Off". The "Year" option is selected, and the date "2/ 9/2004" is entered. There are also checkboxes for "Fiscal" and "Before the date range", "During the date range", and "After the date range". The "Clinical Status" section has checkboxes for "HIV+ (no AIDS OI)" and "AIDS OI". The "Options" section has radio buttons for "Summary Only" and "Include details", with "Include details" selected. There are two input fields for "Number of users with highest utilization" (set to 10) and "Minimum number of procedures/results to display" (set to 1). The "Scheduled to Run on" section has input fields for "Day" (2/ 9/2004), "Time" (9:31:45 AM), and "Repeat". The window has standard Windows window controls (minimize, maximize, close) and "Run" and "Cancel" buttons.

ICR Reports

Radiology Utilization

Date Range

☒ Year ☐ Fiscal

☐ Quarter

☐ Custom << >>

☐ Cut Off

Scheduled to Run on

Day

Time

Repeat

Include patients added to the registry

☒ Before the date range ☒ During the date range ☒ After the date range

Clinical Status

☒ HIV+ (no AIDS OI) ☒ AIDS OI

Options

☐ Summary Only

☒ Include details

Number of users with highest utilization

Minimum number of procedures/results to display

Run Cancel

Report Output

The **Summary Only** report displays number of patients, number of procedures, and number of different procedures.

The **Include details** report displays three sections. The first section is the same as in the **Summary** report. The second section, entitled, “Procedures performed [the minimum number of procedures/results to display] times or more,” displays procedure name, CPT code, number of patients, and number of procedures. The third section, entitled, “[number of users with highest utilization] with highest utilization by number of procedures,” displays patient name, last four digits of the patient’s SSN, number of procedures and number of different procedures.

The following screen capture shows the **Radiology Utilization** report:

Radiology Utilization				
Registry:	VA ICR	Report Created:	01/26/2004@11:33	
Start Date:	01/01/2003	Task Number:	519058	
End Date:	12/31/2003	Last Registry Update:	01/01/1985	
Patients:	Added on any date, Both HIV+ (no AIDS OI) and AIDS OI		Last Data Extraction: 01/01/1985	
MaxUtil:	10 (maximum number of patients with highest utilization to display)			
MinProc:	1 (minimum number of times a procedure should be performed to be included in the report)			
<p>This report contains confidential patient information and must be handled in accordance with established policies.</p>				
HIV+ (no AIDS OI)				
Number of Patients		Number of Procedures		Number of Different Procedures
2		4		3
Procedures performed at least once				
#	Name	CPT	Number of Patients	Number of Procedures
1	ANKLE 3 OR MORE VIEWS	73610	1	1
2	CLAVICLE	73000	2	2
3	FOOT 2 VIEWS	73620-52	1	1
10 patient(s) with highest utilization by number of procedures				
#	Patient Name	SSN	Number of Procedures	Number of Different Procedures
1	PATIENT 9	0987	2	2
2	PATIENT 1	9999	2	2
All Patients				
Number of Patients		Number of Procedures		Number of Different Procedures
2		4		3
Procedures performed at least once				
#	Name	CPT	Number of Patients	Number of Procedures
1	ANKLE 3 OR MORE VIEWS	73610	1	1
2	CLAVICLE	73000	2	2
3	FOOT 2 VIEWS	73620-52	1	1
10 patient(s) with highest utilization by number of procedures				
#	Patient Name	SSN	Number of Procedures	Number of Different Procedures
1	PATIENT 9	0987	2	2
2	PATIENT 1	9999	2	2

VERA Reimbursement Report

The VERA Reimbursement report provides information concerning the VERA reimbursement status of patients in the CCR: ICR in the selected date range.

Include Patients Added to the Registry

Use the appropriate checkboxes to display on the report those patients that were added before, during, and/or after the selected date range, or any combination of the three.

Clinical Status

Use one or both of the checkboxes provided to indicate the clinical status(es) to display on the report. You can include patients who are HIV+ and who have not had an AIDS-OI, patients who have had an AIDS-OI, or both by selecting the applicable checkbox(es). If neither checkbox is selected, an error message will be displayed.

Options

Complex Care

Selecting this checkbox will include patients who qualified for **Complex Care Reimbursement** based on a Clinical AIDS diagnosis and/or receipt of at least one prescription for an ARV drug during the selected date range.

Basic Care

Selecting this checkbox will include patients who qualified for **Basic Care Reimbursement**. Basic Care Reimbursement patients did not have Clinical AIDS and did not receive a prescription for an ARV drug during the selected date range.

NOTE: Selecting neither option listed above will cause an error message to display.

Include List of Patients

Selecting this checkbox will include the list of patients meeting the selection criteria in the report output.

Include Summary ARV Use Table

Selecting this checkbox will include the Summary ARV use table in the report output.

Drugs

Use the **Investigational Drugs** checkbox to include prescriptions written for investigational HIV drug class (IN150) drugs on the report.

The following screen capture shows the ICR Reports window for the **VERA Reimbursement Report**:

ICR Reports

VERA Reimbursement Report

Date Range

☒ Year ☐ Fiscal

☐ Quarter

☐ Custom 2/ 9/2004 << 2/ 9/2004 >>

☐ Cut Off

Scheduled to Run on

Day 2/ 9/2004

Time 9:37:23 AM

Repeat

Include patients added to the registry

☒ Before the date range ☒ During the date range ☒ After the date range

Clinical Status

☒ HIV+ (no AIDS OI) ☒ AIDS OI

Options

☐ Complex Care

☐ Basic Care

☐ Include list of patients

☐ Include Summary ARV use table

Drugs

☒ Investigational Drugs

Report Output

The report includes the number of patients, number of basic care patients, number of complex care patients and number of patients who received ARV drugs. If only Complex Care or Basic Care was selected, the value 0 will appear in the summary table for the reimbursement category that was not selected.

If the option **Include List of Patients** was selected, that section, entitled, “Patients,” displays patient name, last four digits of the patient’s SSN, AIDS OI (Yes or No), ARV drugs (Yes or No) and complex care (Yes or No).

If the option **Include Summary ARV Use Table** was selected, that section, entitled, “ARV Drugs,” displays generic ARV drug name, number of patients, number of HIV+ (no AIDS OI) patients, and number of AIDS OI patients.

The following screen capture shows the **VERA Reimbursement Report**:

VERA Reimbursement Report

Registry: VA ICR

Start Date: 09/01/1987

End Date: 02/04/2004

Patients: Added on any date, Both HIV+ (no AIDS OI) and AIDS OI, Both Basic and Complex Care

Options: List of Patients

Report Created: 02/04/2004@14:34

Task Number: 520706

Last Registry Update: 01/01/1985

Last Data Extraction: 01/01/1985

This report contains confidential patient information and must be handled in accordance with established policies.

Number of Patients	Number of Basic Care Patients	Number of Complex Care Patients	Number of Patients Received ARV Drugs
14	11	3	2

Patients

#	Patient Name	SSN	AIDS OI	ARV Drugs	Complex Care
1	PATIENT 12	2767P	Yes	No	Yes
2	PATIENT 6	7571	No	No	No
3	PATIENT 25	2550P	No	No	No
4	PATIENT 23	5688	Yes	Yes	Yes
5	PATIENT 8	0999	No	No	No
6	PATIENT 11	5656	No	No	No
7	PATIENT 1	9999	No	Yes	Yes
8	PATIENT 7	3333	No	No	No
9	PATIENT 5	1234	No	No	No
10	PATIENT 16	7894	No	No	No
11	PATIENT 9	0987	No	No	No
12	PATIENT 4	9287	No	No	No
13	PATIENT 17	0148P	No	No	No
14	PATIENT 18	1298	No	No	No

Glossary

Term or Acronym	Description
AAC	Austin Automation Center
AIDS	Acquired Immunodeficiency Syndrome
AIDS-OI	AIDS-defining opportunistic infection
AMIS	Automated Management Information System
ARV	Antiretroviral medications
CCR	Clinical Case Registries
CDC	Center for Disease Control
CPRS	Computerized Patient Record System
CPT	Current Procedural Terminology
DBIA	Database Integration Agreement
DFN	File Number—the local/facility patient record number (patient file internal entry number)
Extract Data Definition	This is a set of file and field numbers that identify the data that should be extracted during the extraction process.
Extract Process	This process is run after the update process. This function goes through patients on the local registry and, depending on their status, extracts all available data for the patient, since the last extract was run. This process also updates any demographic data held in the local registry for all existing patients that have changed since the last extract. The extract transmits any collected data for the patient to the national database via HL7.
FDA	Food and Drug Administration
GUI	Graphical User Interface
HAART	Highly Active Antiretroviral Treatment

Term or Acronym	Description
HIV	Human Immunodeficiency Virus
HTML	Hypertext Mark-up Language
IEN	Internal Entry Number
Immunology Rx	A defined list of Immunology medications.
ICD-9	International Classification of Diseases, version 9 A numeric code used for identifying patient diagnoses associated with inpatient and outpatient care.
ICN	Integration Control Number, or national VA patient record number
ICR	Immunology Case Registry
IN150	Investigational drug class for HIV medications
Local ICR (registry list)	This is the local file of patients that have either passed the selection rules and therefore been added automatically or been added manually by a designated HIV Coordinator.
Local Registry Update	This process adds new patients (that have had data entered since the last update was run and pass the selection rules) to the local ICR.
LOINC	Logical Observation Identifiers Names Code.
National ICR	All sites running the ICR software transmit their data to this central database.
NPCD	National Patient Care Database
ROR	Registry of Registries
Selection Rules	A pre-defined set of rules that define an HIV patient.
PTF	Patient Treatment File—refers to the VistA Inpatient File in the Local Registry Report, under “Reason Added”
VERA	Veterans Equitable Resource Allocation

Term or Acronym	Description
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Networks
VistA	Veterans Health Information System and Technology Architecture
XML	Extensible Mark-up Language

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Appendix A

ICR Pending Patient Worksheet

ICR Pending Patient Worksheet Name: _____ Last 4: _____ Pt should be added to ICR: ☐ YES ☐ NO

1. HIV positive test result /other evidence: ☐ NONE - delete from registry

☐ + ELISA date _____ ☐ + Western Blot date _____ ☐ + HIV Viral load date _____ ☐ Narrative note date _____

2. HIV Risk info: ☐ UNKNOWN

- ☐ Sex with male
- ☐ Sex with female
- ☐ Injected nonprescription drug
- ☐ Received clotting factor for hemophilia/coagulation disorder
- ☐ HETEROSEXUAL relations with bisexual male
- ☐ HETEROSEXUAL relations with injection drug user
- ☐ HETEROSEXUAL relations with person with hemophilia/coagulation disorder

3. AIDS OI History ☐ NONE

- ☐ Candidiasis of bronchi, trachea, or lungs: date _____
- ☐ Candidiasis, esophageal: date _____
- ☐ Cervical cancer, invasive: date _____
- ☐ Coccidioidomycosis, disseminated or extrapulmonary: date _____
- ☐ Cryptococcosis, extrapulmonary: date _____
- ☐ Cryptosporidiosis, chronic intestinal (>1 month's duration): date _____
- ☐ Cytomegalovirus disease (other than liver, spleen, or nodes): date _____
- ☐ Cytomegalovirus retinitis (with loss of vision): date _____
- ☐ Encephalopathy, HIV-related: date _____
- ☐ Herpes simplex: chronic ulcer(s) (>1 month's duration); or bronchitis, pneumonitis, or esophagitis: date _____
- ☐ Histoplasmosis, disseminated or extrapulmonary: date _____
- ☐ Isosporiasis, chronic intestinal (>1 month's duration) : date _____
- ☐ Kaposi's sarcoma: date _____
- ☐ Lymphoma, Burkitt's (or equivalent term): date _____

- ☐ HETEROSEXUAL relations with transfusion recipient with documented HIV infection
- ☐ HETEROSEXUAL relations with transplant recipient with documented HIV infection
- ☐ HETEROSEXUAL relations with PWA or documented HIV+, risk not specified
- ☐ Received transfusion of blood/blood component (other than clotting factor)
- ☐ Received transplant of tissue/organ(s) or artificial insemination
- ☐ Worked in health care or clinical laboratory setting

- ☐ Lymphoma, immunoblastic (or equivalent term): date _____
- ☐ Lymphoma, primary, of brain: date _____
- ☐ Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary: date _____
- ☐ Mycobacterium tuberculosis, any site (pulmonary or extrapulmonary): date _____
- ☐ Mycobacterium, other species or unidentified species, disseminated or extrapulmonary: date _____
- ☐ Pneumocystis carinii pneumonia: date _____
- ☐ Pneumonia, recurrent: date _____
- ☐ Progressive multifocal leukoencephalopathy: date _____
- ☐ Salmonella septicemia, recurrent: date _____
- ☐ Toxoplasmosis of brain: date _____
- ☐ Wasting syndrome due to HIV: date _____

4. COMMENTS/

